



WOMEN LAWYERS ASSOCIATION OF MICHIGAN MEMBERSHIP APPLICATION

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Women Lawyers Association of Michigan
120 N. Washington Sq., Suite 110A
Lansing, MI 48933
Tel 517.372.3320 | Fax 517.371.1170
Website www.womenlawyers.org

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Join or renew online at www.womenlawyers.org

Phone: _____
Date Admitted to MI Bar: _____ P#: _____
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 I do not want my information listed in the online directory

MEMBERSHIP CATEGORY AND REGION

Membership Category	Dues Amount
<input type="checkbox"/> Attorney: Sustaining Member.....	\$200
<input type="checkbox"/> Attorney: More than 5 yrs in practice.....	\$100
<input type="checkbox"/> Attorney: 1-5 yrs in practice.....	\$50
<input type="checkbox"/> Attorney: Government/Non-Profit/Judiciary.....	\$50
<input type="checkbox"/> Attorney: Retiree.....	\$25
<input type="checkbox"/> Unlicensed JD.....	\$75
<input type="checkbox"/> Paralegal.....	\$40
<input type="checkbox"/> Law Student.....	\$25

Expected Grad. Date: _____ / _____ (Month/Year)

Law School

Your alma mater or current admission:

Region Choice

Your membership includes joint membership in the region of your choice. Additional regional memberships are \$25 each.

My Primary Region is: _____

I would like to join the following additional regions:

- Great Lakes Bay Macomb
 Mid-Michigan Oakland | WBA
 Washtenaw Wayne Western

For questions about the regions, please contact us at 517.372.3320 or through our website at www.womenlawyers.org

DIRECTORY AND LAWYER LISTING SERVICE (Select up to three)

- | | | | |
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| Judges | <input type="checkbox"/> Banking | <input type="checkbox"/> Entertainment | <input type="checkbox"/> Licensed Patent Attorney |
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| <input type="checkbox"/> Court of Appeals | <input type="checkbox"/> Civil Rights | <input type="checkbox"/> Estate Planning | <input type="checkbox"/> Personal Injury – Plaintiff |
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| <input type="checkbox"/> Family Court | <input type="checkbox"/> Commercial | <input type="checkbox"/> General Civil | <input type="checkbox"/> Real Estate |
| <input type="checkbox"/> District Court | <input type="checkbox"/> Computer Law | <input type="checkbox"/> Health Law | <input type="checkbox"/> Sexual Harassment – Defendant |
| <input type="checkbox"/> Probate Court | <input type="checkbox"/> Corporate | <input type="checkbox"/> Immigration | <input type="checkbox"/> Sexual Harassment – Plaintiff |
| <input type="checkbox"/> Magistrate | <input type="checkbox"/> Criminal | <input type="checkbox"/> Insurance – Defendant | <input type="checkbox"/> Social Security |
| <input type="checkbox"/> Referee | <input type="checkbox"/> Disability | <input type="checkbox"/> Insurance – Plaintiff | <input type="checkbox"/> Taxation |
| <input type="checkbox"/> Other _____ | <input type="checkbox"/> Drunk Driving | <input type="checkbox"/> Juvenile | <input type="checkbox"/> Trademark/Copyright Law |
| Attorneys | <input type="checkbox"/> Education | <input type="checkbox"/> Labor – Union | <input type="checkbox"/> Workers' Compensation |
| <input type="checkbox"/> Administrative | <input type="checkbox"/> Employee Benefits | <input type="checkbox"/> Medical Malpractice – Defen. | <input type="checkbox"/> Wills/Trusts |
| <input type="checkbox"/> Antitrust | <input type="checkbox"/> Employment – Defendant | <input type="checkbox"/> Medical Malpractice – Plaintiff | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Appellate | <input type="checkbox"/> Employment – Plaintiff | <input type="checkbox"/> Mediation | <input type="checkbox"/> Alternative Career: _____ |

WLAM FOUNDATION

We encourage you to consider a donation to the WLAM Foundation

Your donation supports outstanding women law students in Michigan who show leadership in advancing the position of women in society through our annual scholarship program. Contributions to the WLAM Foundation, a separate 501 c(3) charitable organization, are tax deductible as charitable contributions for federal income tax purposes. Please retain a copy of this dues statement for your tax records.

Yes, I would like to support the WLAM Foundation

\$100 \$50 \$25 Another Amount: _____

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 Visa Master Card Discover Amex

WLAM Dues \$ _____
 Additional Regions \$ _____
 WLAM Foundation Gift \$ _____
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Expiration

Security Code

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