



Women Lawyers Association Membership Form

Name: _____

Firm Name: _____

Address: _____

Phone Number: _____ Fax Number: _____

Email: _____

Attorney Number: _____ State(s) of Admission: _____

Website: _____

Years in Practice: _____ Birthday (month/day): _____

Areas of Practice (list up to 3) _____

Law School Attending: _____ Expected Graduation date: _____

Please initial to acknowledge that you are a member in good standing of the bar of your state. _____

By becoming a member of the association, you grant the WLA the right and permission to copyright and/or publish images captured through video, photo, or digital camera during or at association events or for association business. You agree that photos and video will be the property of the WLA, and you consent to the WLA's use of your name, photo, and/or video in any and all commercial, promotional, advertising, and social media material without any monetary compensation.

Signed: _____ Date: _____

Dues Schedule:

Licensed 10 years or more: \$75

Licensed 5-10 years: \$60

Licensed less than 5 years: \$40

Law Students: Free

Amount of Dues Paid: _____ Check No.: _____

Dues can be paid online or by check. Checks should be made payable to **Women Lawyers Association** and mailed, along with your completed application, to: Lenore Heaphey, Treasurer, Women Lawyers Association, 363 Lake St., Gary, Indiana 46403.

Thank you for joining the WLA. We look forward to supporting you professionally and networking with you.

www.indianawomenlawyers.org