

STATEN ISLAND WOMEN'S BAR ASSOCIATION

A Chapter of the Women's Bar Association of the State of New York

MEMBERSHIP APPLICATION – 2016-2017

Name _____ Date _____
(Please PRINT)

Preferred Mailing Address:

Contact Information: Preferred contact number: _____

Backup contact # _____ Fax _____

E-mail _____ Other _____

Areas of concentration / practice areas: _____

Law School and year of JD: _____

Bar Admissions and dates: _____

Annual dues payment attached:

_____ \$300.00 Sustaining Member*

_____ \$100.00 Active Member

_____ \$50.00 Secondary WBASNY Chapter

_____ \$25.00 Pre-Admission Member (law student or graduate awaiting admission)

Are you a new member _____ Yes _____ No

Signature _____ Name _____ Date: _____

If mailing, please return to: Staten Island Women's Bar Association
P.O. Box 140813
Staten Island, NY 10314

THANK YOU – We look forward to a fruitful professional year with you!

***Sustaining Members are noted on the Chapter website, among other benefits.**