

Staten Island Women's Bar Association

2019 – 2020 Membership Application

Name: _____

Business Address: _____

Mailing Address: _____

Renewing Member
 New Member

I am a renewing member and my information has changed since my last renewal

Telephone: Work () _____ Fax () _____ Cell () _____

Preferred E-mail: _____

Dues: Check off the appropriate box and mail your application and check payable to the "SIWBA" to:

P.O. Box 140813, Staten Island, NY 10314

\$100- Renewing or New Member	\$25- Law Student
\$75- Newly Admitted Attorneys (Admitted less than 5 years)	\$55- Law Graduate Awaiting Admission
\$50- Secondary WBASNY chapter	\$300- Sustaining Member

Committee Assignment: Please check the committees that interest you below:

Children's Rights	Breast Cancer Awareness	CLE & Programs
Criminal Law	Diversity	Domestic Violence
Family & Matrimonial Law	International Women's Rights	Access to Justice Issues Task Force
Trusts and Estates	Legislation	Membership

Practice Areas: Please check up to 5 to be listed in the WBASNY directory of members:

<input type="checkbox"/> Academia/Legal Education <input type="checkbox"/> Administrative Law/Regulatory <input type="checkbox"/> Admiralty <input type="checkbox"/> Adoption <input type="checkbox"/> Antitrust & Trade Regulation <input type="checkbox"/> Appellate Practice <input type="checkbox"/> Banking/Bonds <input type="checkbox"/> Bankruptcy/Creditors' Rights <input type="checkbox"/> Collections <input type="checkbox"/> Communications & Advertising <input type="checkbox"/> Constitutional <input type="checkbox"/> Corporate/Commercial <input type="checkbox"/> Criminal <input type="checkbox"/> Discrimination/Civil Rights <input type="checkbox"/> Dispute Resolution: Arbitration, Collaborative Law, Mediation <input type="checkbox"/> Domestic Violence <input type="checkbox"/> Education <input type="checkbox"/> Elder/Guardianship/Medicaid	<input type="checkbox"/> Employee Benefits/ERISA <input type="checkbox"/> Entertainment <input type="checkbox"/> Environmental <input type="checkbox"/> Ethics/Attorney Discipline <input type="checkbox"/> Family <input type="checkbox"/> Federal Practice <input type="checkbox"/> General Practice <input type="checkbox"/> Government <input type="checkbox"/> Health <input type="checkbox"/> Immigration <input type="checkbox"/> Insurance <input type="checkbox"/> Intellectual Property (Copyright/Trademark/Patent) <input type="checkbox"/> International <input type="checkbox"/> Judiciary <input type="checkbox"/> Labor & Employment <input type="checkbox"/> Landlord/Tenant <input type="checkbox"/> Land Use/Zoning/Condemnation <input type="checkbox"/> Legislation	<input type="checkbox"/> Litigation (Civil/Commercial) <input type="checkbox"/> Litigation (Legal Malpractice) <input type="checkbox"/> Litigation (Medical Malpractice) <input type="checkbox"/> Litigation Negligence/Torts/Products Liability <input type="checkbox"/> Litigation (Personal Injury) <input type="checkbox"/> Matrimonial <input type="checkbox"/> Not-for-Profit Corporations <input type="checkbox"/> Public Interest <input type="checkbox"/> Real Estate <input type="checkbox"/> Securities <input type="checkbox"/> Social Security/Medicare <input type="checkbox"/> Tax <input type="checkbox"/> Technology <input type="checkbox"/> Utilities <input type="checkbox"/> Wills/Trusts/Estates <input type="checkbox"/> Workers' Compensation/Disability <input type="checkbox"/> Other _____
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Signature: Check off the appropriate box and sign below:

I am a member in good standing of the bar of the State of New York
 I was admitted to practice in _____ (mo/yr)
 I am a law student at _____ and expect to graduate _____
 I am a law graduate awaiting admission to the bar of the State of _____

SIGNATURE: _____ DATE: _____