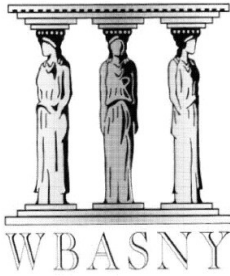


Women's Bar Association of Orange & Sullivan Counties

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

APPLICATION/MEMBER PROFILE



Women's Bar Association of
Orange & Sullivan Counties

NAME: _____ DATE: _____

FIRM NAME: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

BUSINESS PHONE: _____ FAX: _____

HOME ADDRESS: _____

CELL PHONE: _____ E-MAIL: _____

USE AS MAILING ADDRESS: HOME or BUSINESS

WEB SITE & DIRECTORY LISTING: HOME ADDRESS or BUSINESS ADDRESS

I **DO NOT** WANT MY NAME ON THE: WEB SITE PAPER DIRECTORY

LAW SCHOOL: _____ YEAR OF ADMISSION: _____

PRACTICE AREA(S): _____

Dues Schedule For June 1, 2018 through May 31, 2019

___ Admitted to Bar over 4 years	\$125.00*
___ Admitted to Bar up to 4 years	\$100.00*
___ Sustaining Member (voluntary).....	\$150.00*†
___ Full Time Judiciary	\$125.00*
___ Awaiting Admission to NY Bar.....	\$ 55.00*
___ Student Membership	FREE
___ Mailing List Only/Member of Another Chapter	\$ 25.00

I am enclosing a \$ _____ donation to the WBAOSC Foundation.

* Includes membership in the Women's Bar Association of the State of New York

† A sustaining member's generosity is recognized at our Annual Installation Dinner.

Dues assistance for financial hardship may be available at the discretion of the Board of Directors

Mentorship Program

___ I am interested in serving as a Mentor.

___ I am interested in being matched with a Mentor.

**Return application and check payable to "WBAOSC" by mail to:
WBAOSC
P.O. Box 911, Warwick, NY 10990**