

QUEENS COUNTY WOMEN'S BAR ASSOCIATION

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

Renewal _____ Member Since _____ New Member _____

MEMBERSHIP APPLICATION

NAME: _____ B:() _____

HOME ADDRESS: _____ H:() _____

CITY, STATE, ZIP: _____ Cell:() _____

NAME OF EMPLOYER / LAW FIRM: _____

BUSINESS ADDRESS: _____

CITY, STATE, ZIP: _____ FAX:() _____

E-MAIL: _____

SEND MAIL TO: _____ HOME _____ OFFICE

LAW SCHOOL: _____ CLASS OF _____

DATE OF ADMISSION TO NEW YORK BAR: _____ - _____ DEPARTMENT

OTHER BAR ADMISSION(S) & DATE(S): _____

AREAS OF CONCENTRATION: (Please list your primary areas of practice or expertise) _____

DO YOU WANT TO BE ON THE REFERRAL PANEL? ____ YES ____ NO DO YOU CHARGE A CONSULTATION FEE? ____ YES ____ NO

AREAS OF SPECIALTY: _____

ARE YOU FLUENT IN ANOTHER LANGUAGE(S)? ____ YES ____ NO IF YES, PLEASE INDICATE LANGUAGE(S): _____

IF YOU WANT TO SERVE ON A COMMITTEE(S), PLEASE INDICATE YOUR CHOICE(S) BELOW:

| | | |
|-------------------------|-----------------|-------------------|
| _____ Membership | _____ Programs | _____ Newsletter |
| _____ Domestic Violence | _____ Mentoring | _____ Legislative |
| _____ Diversity | _____ Website | _____ C.L.E. |

| | | |
|--------------|---------------------------------------|------------|
| DUES: | Sustaining Membership | - \$200.00 |
| | Members admitted more than five years | - \$95.00 |
| | Members admitted less than five years | - \$80.00 |
| | Law Graduates Awaiting Admission | - \$80.00 |
| | Student Members | - \$30.00 |

I AM A MEMBER IN GOOD STANDING OF THE BAR OF THE STATE OF NEW YORK

Signature _____ Dated _____

Please make your check payable to: QUEENS COUNTY WOMEN'S BAR ASSOCIATION

Mail to: QUEENS COUNTY WOMEN'S BAR ASSOCIATION
c/o ILENE KASS, Membership Chair
18-05 215th Street - Apt. 1R
Bayside, N.Y. 11360-2155

On-Line via QCWBA Website: <https://qcwba.org/membership-options/>