



SUFFOLK COUNTY WOMEN'S BAR ASSOCIATION

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

www.suffolkwomensbar.org

TO PAY BY CREDIT CARD, GO TO: www.suffolkwomensbar.org and Click JOIN NOW

MEMBER APPLICATION FORM

PLEASE CHECK ONE: New Member Renewal

Name: _____ Date of Birth: _____

Firm Name: (Mandatory) _____

Street Address: _____

City: _____ State: _____ Zip: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Mailing Address: (Check One) Home Business Directory Listing: Home Business

Business Phone: () _____ Home Phone: () _____

Facsimile: () _____ E-Mail Address: _____

Law School: _____ Degree: _____ Last Year Renewed: _____

Bar Admission Dates: _____

DUES SCHEDULE - PLEASE CHECK BOX THAT APPLIES:

<input type="checkbox"/> I	Admitted Less than One Year	\$ 60.00
<input type="checkbox"/> I(a).	Admitted 5 years or more (<i>Early Bird</i> payment received by 9/30/22 - \$100.00) *	\$110.00
<input type="checkbox"/> I(b).	Admitted less than 5 years (<i>Early Bird</i> payment received by 9/30/22 - \$75.00) *	\$ 85.00
<input type="checkbox"/> I(c).	Sustaining Member (Voluntary)** (<i>Early Bird</i> payment received by 9/30/22 - \$150.00)	\$160.00
<input type="checkbox"/> II.	Admitted to another State Bar (not NY)	\$ 50.00
<input type="checkbox"/> III.	Law School Graduate Awaiting Admission	\$ 60.00
<input type="checkbox"/> VI.	Law School Student	(Free) \$ 0.00
<input type="checkbox"/> V.	Paid Member of Another Chapter	\$ 50.00

** **Early Bird Discount** applies only to payments received by September 30, 2022.

* A *Sustaining member* is one who in addition to paying the required dues, donates \$50.00 or more to SCWBA.

Areas of Concentration (Check up to 5):

<input type="checkbox"/> Adoption	<input type="checkbox"/> Discrimination/Civil Rights	<input type="checkbox"/> Insurance	<input type="checkbox"/> Mediation
<input type="checkbox"/> Advertising	<input type="checkbox"/> Disability	<input type="checkbox"/> Intellectual Property	<input type="checkbox"/> Municipal/Planning/Zoning
<input type="checkbox"/> Administrative	<input type="checkbox"/> Domestic Violence	<input type="checkbox"/> (Copyright/Trademark)	<input type="checkbox"/> Native American
<input type="checkbox"/> Admiralty	<input type="checkbox"/> Elder/Guardian/Medical	<input type="checkbox"/> International	<input type="checkbox"/> Not-For-Profit Corporations
<input type="checkbox"/> ADR	<input type="checkbox"/> Education	<input type="checkbox"/> Judiciary	<input type="checkbox"/> Occupational Safety
<input type="checkbox"/> Antitrust & Trade Regulation	<input type="checkbox"/> Employee	<input type="checkbox"/> Labor	<input type="checkbox"/> Patent
<input type="checkbox"/> Appellate Practice	<input type="checkbox"/> Benefits,Pensions/ERISA	<input type="checkbox"/> Land Use/Zoning	<input type="checkbox"/> Public Interest
<input type="checkbox"/> Banking/Bonds	<input type="checkbox"/> Employment	<input type="checkbox"/> Landlord/Tenant	<input type="checkbox"/> Real Estate
<input type="checkbox"/> Bankruptcy	<input type="checkbox"/> Entertainment	<input type="checkbox"/> Legislation	<input type="checkbox"/> Regulatory Compliance
<input type="checkbox"/> Collections	<input type="checkbox"/> Environmental	<input type="checkbox"/> Litigation (Civil/Commercial)	<input type="checkbox"/> Securities
<input type="checkbox"/> Communications	<input type="checkbox"/> Ethics/Attorney Discipline	<input type="checkbox"/> Litigation (Legal Malpractice)	<input type="checkbox"/> Social Security/Medicare
<input type="checkbox"/> Condemnation/Certiorari	<input type="checkbox"/> Family	<input type="checkbox"/> Litigation (Medical	<input type="checkbox"/> Tax
<input type="checkbox"/> Constitutional	<input type="checkbox"/> Federal Practice	<input type="checkbox"/> Malpractice)	<input type="checkbox"/> Unemployment Compensation
<input type="checkbox"/> Corporate/Commercial	<input type="checkbox"/> General Practice	<input type="checkbox"/> Litigation (Negligence/	<input type="checkbox"/> Utilities
<input type="checkbox"/> Creditor's Rights	<input type="checkbox"/> Government	<input type="checkbox"/> Torts/Products Liability)	<input type="checkbox"/> Wills/Trusts/Estates
<input type="checkbox"/> Criminal	<input type="checkbox"/> Health	<input type="checkbox"/> Litigation (Personal Liability)	<input type="checkbox"/> Workers' Compensation
	<input type="checkbox"/> Immigration	<input type="checkbox"/> Matrimonial	

The applicant affirms that she/he is a member in good standing of the Bar of the State of New York or of the State of _____ or that she/he is a student in good standing at the law school set forth above or a recent law school graduate awaiting admission to the Bar.

Signature _____

Date _____

Please return this application with your check made payable to: SCWBA and mail to PO Box 735 Islip Terrace NY 11752