



SUFFOLK COUNTY WOMEN'S BAR ASSOCIATION

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

www.suffolkwomensbar.org

2023-2024 STUDENT MEMBER APPLICATION

PLEASE CHECK ONE: New Member Renewal

Name: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Mobile Phone #: _____

Personal E-Mail Address: _____ @ _____

Law School: _____ Graduation Date: _____

Bar Admission Dates (if applicable): _____

STUDENT DUES SCHEDULE - PLEASE CHECK BOX THAT APPLIES:

<input type="checkbox"/> III.	Law School Graduate Awaiting Admission	\$60.00
<input type="checkbox"/> IV.	Law School Student	(Free) \$0.00

I am interested in the following areas of law:

<input type="checkbox"/> Adoption <input type="checkbox"/> Advertising <input type="checkbox"/> Administrative <input type="checkbox"/> Admiralty <input type="checkbox"/> ADR <input type="checkbox"/> Antitrust & Trade Regulation <input type="checkbox"/> Appellate Practice <input type="checkbox"/> Banking/Bonds <input type="checkbox"/> Bankruptcy <input type="checkbox"/> Collections <input type="checkbox"/> Communications <input type="checkbox"/> Condemnation/Certiorari <input type="checkbox"/> Constitutional <input type="checkbox"/> Corporate/Commercial <input type="checkbox"/> Creditor's Rights <input type="checkbox"/> Criminal	<input type="checkbox"/> Discrimination/Civil Rights <input type="checkbox"/> Disability <input type="checkbox"/> Domestic Violence <input type="checkbox"/> Elder/Guardian/Medical <input type="checkbox"/> Education <input type="checkbox"/> Employee <input type="checkbox"/> Benefits,Pensions/ERISA <input type="checkbox"/> Employment <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) <input type="checkbox"/> International <input type="checkbox"/> Judiciary <input type="checkbox"/> Labor <input type="checkbox"/> Land Use/Zoning <input type="checkbox"/> Landlord/Tenant <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 Liability) <input type="checkbox"/> Matrimonial	<input type="checkbox"/> Mediation <input type="checkbox"/> Municipal/Planning/Zoning <input type="checkbox"/> Native American <input type="checkbox"/> Not-For-Profit Corporations <input type="checkbox"/> Occupational Safety <input type="checkbox"/> Patent <input type="checkbox"/> Public Interest <input type="checkbox"/> Real Estate <input type="checkbox"/> Regulatory Compliance <input type="checkbox"/> Securities <input type="checkbox"/> Social Security/Medicare <input type="checkbox"/> Tax <input type="checkbox"/> Unemployment Compensation <input type="checkbox"/> Utilities <input type="checkbox"/> Wills/Trusts/Estates <input type="checkbox"/> Workers' Compensation
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The applicant affirms 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 to:

SCWBA, PO Box 735 Islip Terrace NY 11752 or email to lora@touchdownabstract.com