



Colorado Women's Bar Association
 Membership Application (August 2009 thru July 2010)

New Member, referred by: _____
 Renewing Member I want to serve as a Mentor

Name: _____
 Firm: _____
 Address: _____
 City/State/Zip: _____
 e-mail address: _____
 Phone: _____ Fax: _____

By providing your fax number and e-mail address, you consent to receive communications from us which may promote goods, services, CWBA events, and/or Convention registration.

- Areas of Practice --- (select up to two areas)**
- | | | |
|--|--|--|
| <input type="checkbox"/> Administrative | <input type="checkbox"/> Family Law | <input type="checkbox"/> Natural Resources |
| <input type="checkbox"/> Banking/Finance | <input type="checkbox"/> General Practice | <input type="checkbox"/> Personal Injury |
| <input type="checkbox"/> Bankruptcy | <input type="checkbox"/> Health Care | <input type="checkbox"/> Products Liability |
| <input type="checkbox"/> Business/Commercial | <input type="checkbox"/> Immigration | <input type="checkbox"/> Prof. Malpractice |
| <input type="checkbox"/> Civil Rights | <input type="checkbox"/> In-house | <input type="checkbox"/> Public Interest |
| <input type="checkbox"/> Construction | <input type="checkbox"/> Insurance | <input type="checkbox"/> Public Sector/Govt |
| <input type="checkbox"/> Corporate/Partnership | <input type="checkbox"/> Intellectual Property | <input type="checkbox"/> Real Estate/Land Use |
| <input type="checkbox"/> Criminal | <input type="checkbox"/> International Law | <input type="checkbox"/> Securities |
| <input type="checkbox"/> Education | <input type="checkbox"/> Juvenile | <input type="checkbox"/> Social Security |
| <input type="checkbox"/> Elder Law | <input type="checkbox"/> Litigation | <input type="checkbox"/> Taxation |
| <input type="checkbox"/> Employment/Labor | <input type="checkbox"/> Mediation/ADR | <input type="checkbox"/> Wills/Estates/Probate |
| <input type="checkbox"/> Environmental | <input type="checkbox"/> Medical Malpractice | <input type="checkbox"/> Workers' Comp. |
| <input type="checkbox"/> ERISA/Emp. Benefits | <input type="checkbox"/> Municipal | |

Practice Information

Type of Practice:
 Educational Judicial Inactive
 Government In house Solo
 Law firm Non attorney

County of Residence: _____
 County of Business: _____
 Law School Attended: _____
 Year Graduated: _____
 States Licensed In: _____

Committee Service

I would like to serve on the following CWBA committee(s):

<input type="checkbox"/> Convention	<input type="checkbox"/> Prof. Advancement
<input type="checkbox"/> History	<input type="checkbox"/> Programs
<input type="checkbox"/> Judicial	<input type="checkbox"/> Publications
<input type="checkbox"/> Legal Services	<input type="checkbox"/> Public Policy
<input type="checkbox"/> Membership	

(Visit www.cwba.org for Committee information)

Channel 9's "Lawline9" Program: CWBA attorney members provide limited advice and refer callers to other agencies as appropriate.

Please do NOT include my name on membership lists sold to outside organizations.

I would like to receive *The Advocate* in the mail.
 - or -
 I would like to read *The Advocate* on line (posted on the CWBA website). *The Advocate* is available to Student members on line only.

Return this form with your payment to:
Colorado Women's Bar Association
1801 California Street, Suite 3600
Denver, CO 80202
Phone: (303) 831-1040 Fax: (303) 831-1064
e-mail: execdir@cwba.org
website: www.cwba.org

***NOTE:** Membership dues are not tax deductible as a charitable contribution, but may be deductible as an ordinary business expense. However, \$10 of your dues payment will be apportioned towards CWBA lobbyist activities and therefore is not considered tax-deductible. Please consult with your professional tax advisor for further advice.*

The CWBA has a confidential dues reduction policy for members with financial difficulties; contact the CWBA for more information.

Dues -- Select Only ONE Category

Senior: (In practice 7 years or more)	\$160.00
Intermediate: (In practice 3 to 6 years)	\$120.00
Junior: (In practice 1 to 2 years)	\$75.00
Student: (Currently enrolled in law school)	\$35.00
Non-attorney members:	\$95.00

Chapters:

Boulder Women's Bar Association	\$85.00
El Paso County Women's Bar Assoc.	\$85.00
High Plains Women's Bar Assoc.	\$50.00
Larimer County Women's Bar Assoc.	\$55.00
Pueblo Women's Bar Association	\$50.00
Southwest Colorado Women's Bar Assoc.	\$55.00
Weld County Women's Bar Assoc.	\$55.00

Enter one amount from all of the above categories here: \$ _____

DEDUCTIONS, for Attorney members ONLY: deduct \$20 from your dues payment for any **ONE** of these categories (Chapter members may only deduct \$10 for any one of these categories).

<input type="checkbox"/> Member of another minority bar	<input type="checkbox"/> Inactive lawyer
<input type="checkbox"/> Member who practices in the public sector/non-profit	
<input type="checkbox"/> Other: outside Denver metro area and not within a Chapter area	

Dues enclosed: \$ _____
Contribution to CWBA Foundation (optional): \$ _____
Total Remitted: \$ _____

Checks: payable to the Colorado Women's Bar Association
 Credit Card: Visa or MasterCard (circle one)
 Card Number: _____
 Expiration date: _____ Signature _____
 Name on card: _____
 Billing Address for card: _____