

JOIN OR RENEW ONLINE AT www.cwba.org/join-us

Renewing Member **New Member, referred by:** _____

Name: _____ Firm: _____

Address: _____ City/State: _____

Phone: _____ Zip: _____

Email (work): _____ Email (home): _____

County of Business: _____ County of Residence: _____

Law School: _____ Year Graduated: _____

State(s) Licensed in: _____ Month/Year First Admitted to Practice: _____

Exclude me from CWBA Directory Opt out of CWBA LISTSERV

COMMITTEE INTEREST:

- Convention Prof. Advancement
- History Programs
- Judicial Publications
- Legal Services Public Policy
- Membership 9News Lawline9

I want to serve as a Mentor

I am also interested in joining the CWBA Foundation's Circle of Minerva. Please have someone contact me. (You may also give now [here](#))

TYPE OF PRACTICE:

- Educational In House
- Government Non Attorney
- Law Firm Inactive
- Judicial Retired
- Solo

PRACTICE AREA (select up to two):

- Administrative International Law
- Banking/Finance Juvenile
- Bankruptcy Litigation
- Business/Commercial Mediation/ADR
- Civil Rights Medical Malpractice
- Construction Municipal
- Corporate/Partnership Natural Resources
- Criminal Personal Injury
- Education Products Liability
- Elder Law Prof. Malpractice
- Employment Labor Public Interest
- Environmental Public Sector/Govt
- ERISA/Empl. Benefits Real Estate/Land Use
- Family Law Securities
- General Practice Social Security
- Health Care Taxation
- Immigration Wills/Estates/Probate
- In House Workers' Comp
- Insurance
- Intellectual Property
- Other: _____

OPTIONAL DEMOGRAPHIC INFORMATION:

Your responses are confidential and will help us better understand and serve our membership.

GENDER (Optional):

- Female
- Male
- Non-binary

Please check all that apply.

AGE (Optional):

- 18-35 years
- 36-49 years
- 50-64 years
- 65 years or older

DIVERSITY (Optional):

- African American/Black
- American Indian/Alaskan Native
- Asian
- Caucasian
- Latinx
- Middle Eastern/North African
- Native Hawaiian/Pacific Islander
- South Asian
- LGBTQ
- Disabled
- Decline to answer
- Other (Please specify): _____

MEMBERSHIP DUES (Select only ONE category):

- Senior:** In practice 8 years or more \$180.00
- Intermediate:** In practice 4-7 years \$130.00
- Junior:** In practice 1-3 years \$75.00
- Law Student:** Currently enrolled in law school \$35.00
- Non-Attorney Legal Professional:** \$95.00
- Chapter Member:**
 - Boulder or El Paso Chapter \$85.00
 - Larimer/Weld/Southwest Chapter \$55.00
 - High Plains/Mountain/Pueblo Chapter \$50.00

- Check:** payable to Colorado Women's Bar Association

Credit Card:

- Visa MasterCard American Express

Card number: _____

Expir. date: / CVV: _____

Name on card: _____

Billing address: _____

Membership dues are not tax-deductible as a charitable contribution, but may be deductible as a business expense. \$10.00 of your dues will be apportioned toward CWBA lobbyist activities and is therefore not considered tax-deductible. Consult with your professional tax advisor for further advice.

Deductions for Attorney members only:

Deduct **\$30** from dues for any ONE of these (select one):

- Judicial officer, government or non-profit attorney,
- Inactive/retired; or outside the Denver metro area and not within a Chapter area. **OR** Deduct **\$20** if you are a member of another diversity bar association.

CWBA Dues:	\$	
Law Student Membership Sponsor (optional)	\$	+35.00
Total Remitted:	\$	

Confidential dues reduction may be available for those with financial need. Contact the CWBA office for more information.

Please return this form with payment to:
Colorado Women's Bar Association, P.O. Box 1918, Denver, CO 80201

www.cwba.org | Phone 303-831-1040 | execdir@cwba.org