

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:

- | | |
|---|--|
| <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 | <input type="checkbox"/> 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:

- | | |
|--------------------------------------|---------------------------------------|
| <input type="checkbox"/> Educational | <input type="checkbox"/> In House |
| <input type="checkbox"/> Government | <input type="checkbox"/> Non Attorney |
| <input type="checkbox"/> Law Firm | <input type="checkbox"/> Inactive |
| <input type="checkbox"/> Judicial | <input type="checkbox"/> Retired |
| | <input type="checkbox"/> Solo |

PRACTICE AREA (select up to two):

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