ASSOCIATION FOR WOMEN ATTORNEYS

P. O. Box 52076
New Orleans, Louisiana 70152-2076
www.awanola.org

2009 MEMBERSHIP APPLICATION

(Dues are payable every January)

_____ **New Membership** **or** _____ **Membership renewal**

Name:

Firm or Organization:

Preferred Mailing Address:

City: **State:** **Zip:**

Is the above address new since last year?_____

Phone: **Fax:**

E-mail:

Do you currently receive emails from the AWA? _____

Areas of Practice:

Years Admitted to Practice:

Please return this form to the AWA with your appropriate dues check no later than January 31, 2009.

$75.00 Admitted 5 years and over
$50.00 Admitted 3 to 5 years
$40.00 Admitted less than 3 years
$35.00 Special membership*
$20.00 Associate membership (law student)

*The special membership category includes attorneys employed (i) by state, federal, and local governments; (ii) by non-profit organizations; (iii) part-time and (iv) in special circumstances that would make payment of the regular membership dues a hardship. Please provide a written explanation for selecting special membership status.