ASSOCIATION FOR WOMEN ATTORNEYS

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

2016-17 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, 2017.

$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.