



Association of Black Women Attorneys

New York, An affiliate of the National Bar Association

255 West 36th Street, Suite 800 • New York, NY 10018 • (212) 300-2193

Name (Last, First Middle): _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Phone: Business: _____ Home: _____ Cell: _____

E-Mail: Business: _____ Personal: _____

Name of Employer or Firm: _____

Title: _____

Areas of Primary Practice: _____

If a Solo Practitioner, would you be interested in receiving client referrals? _____

Law School & Date of Degree: _____

If law student, anticipated date of graduation: _____

COMMITTEES: Please indicate the committees of your choice below:

- Membership Programs Community Service
 Legislative Affairs Scholarship

DUES: Please check appropriate class of membership:

New Member: Renewing Member:

Were you referred by an existing member?

If so, please include his or her name here: _____

\$75.00 _____ **Regular Member** (admitted attorneys and law school graduates)

\$50.00 _____ **Associate Member** (non-attorneys)

\$25.00 _____ **Law Student Member**

SCHOLARSHIP DONATION (optional):

In addition to my dues, I have enclosed a gift in the amount of \$ _____ for the ABWA Ruth Whitehead Whaley Scholarship Fund.

Date: _____ Signature: _____