



Women Trial Lawyers Caucus, Inc.

*Empire State Building, 350 Fifth Avenue, Suite 6400
New York, New York 10118*

REQUEST FOR MEMBERSHIP

Name: _____

Firm/Business Affiliation: _____

Street Address: _____

City/State: _____ **Zip Code:** _____

Telephone: _____ **E-mail:** _____

Practice Concentration(s): _____

Bar Admissions - Jurisdiction(s) and Year(s):

*The applicant affirms that he/she is a member in good standing of the Bar
of the State of New York or the State of* _____

Signature

Date

Upon confirmation of membership, dues shall be payable immediately according to the following schedule:

Attorney admitted 7 years and over - \$175.00;
Attorney admitted less than 7 years - \$75.00; and
Sustaining/Board Members - \$250.00

MasterCard Visa Amex Discover -OR- Check Made Payable to WTLC (enclosed)

Card No.: _____ **Exp:** _____ **Code:** _____

Authorized Signature: _____