

Women Lawyers Association of San Luis Obispo County

Post Office Box 3918

San Luis Obispo, CA 93403-3918

Email: womenlawyersslo@gmail.com ♦ Website: www.wlaslo.org

MEMBERSHIP APPLICATION

Name: _____ Firm or Organization: _____

CONTACT INFORMATION:

Address: _____
Street City Zip

Phone Fax Email Website

BIOGRAPHICAL INFORMATION:

Judge

Retired Judge or Retired Attorney

Active CA State Bar member

Other (specify): _____

Law School: _____ Yr. Graduated: _____ Bar No: _____ Yr. Admitted: _____

Other Degrees / Major: _____ Schools: _____

Primary Practice Areas: _____

Other services, languages, volunteer work, or organization memberships:

OPT OUT OF WEBSITE ♦ WLASLO COMMITTEES ♦ MCLE:

Please **do not** display any of my information, including my name, contact or biographical information on the website of Women Lawyers Association of San Luis Obispo, www.wlaslo.org.

I would like more information about volunteering on the following Committee(s):

Membership Board Development Continuing Education Scholarship

Please list ideas for monthly MCLE programs or programs that you are willing to present:

MEMBERSHIP DUES & DONATIONS: Deadline: March 5, 2009

\$ 40 2009 Membership Dues

\$ _____ 2009 Scholarship Fund (donation not tax-deductible)

\$ _____ TOTAL

To pay by check:

Make check payable to WLA and mail with application to P.O. Box 3918, San Luis Obispo, CA 93403-3918.

To pay by credit card or PayPal:

Go to www.wlaslo.org and email application to womenlawyersslo@gmail.com.