



Asian Pacific American Women Lawyers Alliance
(APAWLA)

2017 Membership Application*

New Membership Renewal

Date _____

Name _____

Employer _____

Mailing Address _____

City _____ State _____ Zip _____

Telephone _____ Cell _____ Fax _____

Email _____ Website _____

Year admitted to the bar _____ State Bar Number _____

Area(s) of practice _____

Law School _____

Topics or concerns of interest:

- | | | |
|---|-------------------------------------|--|
| <input type="checkbox"/> Mentorship | <input type="checkbox"/> CLE | <input type="checkbox"/> Young Lawyers and Law Students (YLLS) |
| <input type="checkbox"/> Parent Support Network | <input type="checkbox"/> Membership | <input type="checkbox"/> Interest in San Diego activities |
| <input type="checkbox"/> Website / Communications | <input type="checkbox"/> Pro Bono | <input type="checkbox"/> Interest in Orange County activities |
| <input type="checkbox"/> Social Media | | |

Please remit your dues based upon the number of years admitted to the bar:

- | | | | |
|--|------|---|-------|
| <input type="checkbox"/> Law Student | free | <input type="checkbox"/> 3+ years (Lawyer/Judicial Officer) | \$40 |
| <input type="checkbox"/> Associate (non-lawyer) Member | \$25 | <input type="checkbox"/> Sustaining Member | \$100 |
| <input type="checkbox"/> 0-2 years (Lawyer/Judicial Officer) | \$25 | <input type="checkbox"/> Life Member | \$500 |

Electronic Voting for APAWLA Board of Governors

- By checking this box, I affirmatively opt into receiving the election ballot for the APAWLA Board of Governors electronically, via e-mail. Please send the ballot to the email address listed above.

*Yearly membership is based on calendar year.

Please make your checks payable to "APAWLA" and mail with this membership form to APAWLA, P.O. Box 711016, Los Angeles, CA 90071. To pay your dues on-line, and for more info visit the APAWLA website: <http://apawla.org>.
Thank you for your interest!