



**BLACK WOMEN LAWYERS ASSOCIATION OF NORTHERN CALIFORNIA
2018 MEMBERSHIP APPLICATION & RENEWAL FORM**

Name: _____

Title: _____

Employer: _____

Preferred Address: _____

Phone: _____ Email: _____

Law School _____ Grad Year: _____

Practice Emphasis/Specialty: _____

- Please check here if you would like to include your professional information in the BWLNC Membership Directory. You will receive a directory password and instructions.
- Please check here if you are interested in volunteering at a BWLNC event, assisting with an initiative or suggesting a program/activity.

Please select one of the following:

Lifetime Member () \$750.00

Regular Member () \$50.00

Judiciary () \$40.00

**Law Student/
First Year of Practice** () FREE

Amount enclosed: \$ _____

Please make your check payable to: "Black Women Lawyers Association of Northern California"

Mailing Address:
P.O. Box 56671
Hayward, CA 94545

If you do not receive an introductory email within 2 weeks of the mailing of your membership form, please let us know by leaving a message on BWLNC's CONTACT US page: <http://bwlnc.com/contact-us/>.