

**WOMEN ATTORNEYS ASSOCIATION OF TOPEKA
MEMBERSHIP APPLICATION
2009-2010**

Name: _____

Firm/Agency: _____ Title: _____

Mailing Address: _____ City/ST/Zip _____

_____ Check here if you do NOT want your address listed in directory or used for related mailings

Phone: _____ Fax: _____

Email Address: _____

* If you provide an email address we will provide meeting notices exclusively through email rather than regular mail.

Practice Areas: _____

Undergraduate Institution: _____ Degree: _____ Year: _____

Law School: _____ Year: _____

Annual Dues (May 1, 2009 to April 30, 2010)

Student, \$10 _____ Admitted to Bar 0-3 years, \$20 _____ Admitted to Bar 4+ years, \$30

Committee Preferences

I am interested in serving on one of the following committees:

Membership _____ Bylaws _____ Social _____ Young Lawyers _____
Program _____ Newsletter _____ Public Relations _____ Website _____

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PO Box 2483
Topeka, KS 66601**

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