



**THE CAPITAL DISTRICT WOMEN'S BAR ASSOCIATION**  
*A CHAPTER OF THE WOMEN'S BAR ASSOCIATION OF THE STATE OF NEW YORK*  
 P.O. BOX 3747, ALBANY, NY 12203 • 518-227-2772

For questions regarding memberships, contact: [administrator@cdwba.org](mailto:administrator@cdwba.org)

# Membership Renewal Invoice

DUE UPON RECEIPT



Renew online at:  
<http://www.cdwba.org/membership-form/>

| MEMBERSHIP INFORMATION             |   |
|------------------------------------|---|
| <b>Name</b>                        | <b>Areas of Practice</b><br><input type="checkbox"/> Sole Practitioner<br><input type="checkbox"/> Law Firm<br><input type="checkbox"/> Public Sector<br><input type="checkbox"/> Academic<br><input type="checkbox"/> Judiciary<br><input type="checkbox"/> Corporation<br><input type="checkbox"/> Student<br><input type="checkbox"/> Other (describe) |
| <b>Organization / Firm</b>         |   |
| <b>Business Address</b>            |   |
| <b>Business Number</b>             |   |
| <b>Cell / Home Number</b>          |   |
| <b>Email Address</b>               |   |
| <b>Admission to NY Bar Date</b>    |   |
| <b>NYS Attorney Registration #</b> | <b>Brief description of your work:</b>  |
| <b>Law School Attended</b>         |   |
| <b>Month / Year of Graduation</b>  |   |
|                                    |   |

| PERSONAL INFORMATION           |
|--------------------------------|
| <b>DOB</b> (mm/day)            |
| <b>Gender</b>                  |
| <b>Home Address</b> (optional) |
|                                |

.....  
 Would you like to have your name and professional affiliation listed on our Membership Directory?

- Yes  
 No

.....  
 \*ALL PERSONAL INFORMATION IS NOT PUBLIC OR PUBLISHED ON OUR WEBSITE\*

| I'D LIKE TO JOIN THE FOLLOWING COMMITTEES            |   |   |  |
|--|---|---|--|
| <input type="checkbox"/> Awards                      | <input type="checkbox"/> Employment & Equal Opportunity | <input type="checkbox"/> LGBT                     | <input type="checkbox"/> Sex Trafficking |
| <input type="checkbox"/> By-Laws                     | <input type="checkbox"/> Financial Planning             | <input type="checkbox"/> Longterm Planning        | <input type="checkbox"/> Women's Health  |
| <input type="checkbox"/> Classroom Project           | <input type="checkbox"/> Installation Dinner            | <input type="checkbox"/> Membership               |  |
| <input type="checkbox"/> CLE's                       | <input type="checkbox"/> Judicial Reception             | <input type="checkbox"/> Nominations              |  |
| <input type="checkbox"/> Diversity & Gender Fairness | <input type="checkbox"/> Committee on the Judiciary     | <input type="checkbox"/> Pro Bono / Legal Project |  |
| <input type="checkbox"/> Domestic Violence           | <input type="checkbox"/> Legislative                    | <input type="checkbox"/> Programming              |  |



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## MEMBERSHIP LEVEL

### Areas of Practice

- |  |   |
|--|---|
| <input type="checkbox"/> <b>\$150</b> Sustaining Member                    | <input type="checkbox"/> <b>\$75</b> Class I Retiree (only available to age 60+ who have retired status with OCA) |
| <input type="checkbox"/> <b>\$125</b> Member admitted over 10 years        | <input type="checkbox"/> <b>\$50</b> Non-Attorney Affiliate   |
| <input type="checkbox"/> <b>\$100</b> Member admitted three – 10 years     | <input type="checkbox"/> <b>\$25</b> Law School Student / Graduate awaiting admission                             |
| <input type="checkbox"/> <b>\$75</b> Member admitted less than three years | <input type="checkbox"/> <b>\$25</b> Member through another WBASNY Chapter  |

## PAYMENT

- |   |                                     |
|---|-------------------------------------|
| <input type="checkbox"/> Enclosed Check | <input type="checkbox"/> Mastercard |
| <input type="checkbox"/> Credit Card    | <input type="checkbox"/> AMEX       |
| <input type="checkbox"/> Visa           | <input type="checkbox"/> Discover   |

Please remit payment to:

**The Capital District Women's Bar Association**  
**P.O. 3747**  
**Albany, New York 12203**

or renew online at:

<http://www.cdwba.org/membership-form/>

### Card Number

\_\_\_\_\_

Exp. Date

CVC

### Name on Card

Billing Address  Home  Firm

\_\_\_\_\_  
 \_\_\_\_\_

I hereby certify that I am an attorney duly admitted and in good standing in the State of New York or a current law student:

\_\_\_\_\_  
 SIGNATURE

\_\_\_\_\_  
 DATE

**TOTAL AMOUNT DUE:** \_\_\_\_\_