

# Membership Application



**Join OCWLA today for access to resources that will empower, support and develop your career!**

For more information visit us at [www.ocwla.org](http://www.ocwla.org)

## Member Information

Please type or print all information listed.

First and Last Name \_\_\_\_\_ Firm Name \_\_\_\_\_

Address \_\_\_\_\_ E-mail address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Website \_\_\_\_\_

Office Phone \_\_\_\_\_ Cell No. \_\_\_\_\_

State Bar Number \_\_\_\_\_ Year Admitted to Bar \_\_\_\_\_

Area(s) of Practice - *Required* \_\_\_\_\_

Would you like your contact information published in our online member directory? *-required*  Yes  No

I am a member of the Orange County Bar Association  
*Don't forget to mark "Orange County Women Lawyers" as your affiliate organization on your OCBA form!*

## Annual OCWLA Membership Dues

Membership Dues include one (1) year of OCWLA membership from January - December.

<input type="checkbox"/> Judge/Commissioner	Complimentary	<input type="checkbox"/> Friend of OCWLA	\$ 75.00
<input type="checkbox"/> Attorney	\$ 75.00	<input type="checkbox"/> Life Time Friend	\$500.00 (Best Deal!)
<input type="checkbox"/> Life Member/Attorney*	\$500.00 (Best Deal!)	<input type="checkbox"/> Student	Complimentary
<input type="checkbox"/> New Admittee**	Complimentary	<input type="checkbox"/> First 5 Attorney***	\$ 40.00

\*Life members receive special recognition in our newsletter and other promotional materials.

\*\*New Admittee is the first full calendar year after bar passage (12 or 18 months depending on admitted date).

\*\*\*First 5 Attorney is the first 5 years of practice after bar passage.

Please also sign me up for California Women Lawyers (CWL)!

I understand that as a member of OCWLA I receive a discount on my CWL dues. Regular CWL Annual Dues are \$175.00. As an OCWLA member, I will pay \$95.00. Student and New Admittees are FREE. *By checking this box, you authorize the OCWLA to forward your information on this form to the CWL.*

Please include a bar stipend/diversity bar stipend donation in the amount of:

\$25.00  \$50.00  Other: \_\_\_\_\_

Enclosed is my check # \_\_\_\_\_ in the amount of \$ \_\_\_\_\_

Please charge my Visa or Master Card as follows (*please print carefully*):  
 Credit card # \_\_\_\_\_ Expiration date \_\_\_\_\_ Signature \_\_\_\_\_

## Send Application to

MAIL P.O. Box 6130, Newport Beach, CA 92658  
 PHONE (949) 440-6700 x259  
 EMAIL [info@ocwla.org](mailto:info@ocwla.org)

Today's Date \_\_\_\_\_

### Office Use Only:

- Received: \_\_\_\_\_
- Payment: \_\_\_\_\_
- Report to Mbr. Chair
- CWL Dues
- Report/Copy to Treasurer
- New Member Packet-Sent