

The Toledo Women's Bar Association  
Membership Application  
June 1, 2018 - May 31, 2019

Name: \_\_\_\_\_

Title/Position: \_\_\_\_\_

Employer: \_\_\_\_\_

Office Address: \_\_\_\_\_

Office Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

e-mail address: \_\_\_\_\_

Areas of Practice: \_\_\_\_\_

**Please contact me about serving on a committee or as a future officer.**

Please indicate the type of Membership for which you are applying:

**\$40 for attorney who graduated from law school before June 1, 2013**, and is in good standing in the Bar of any state or the District of Columbia.

**\$30 for attorney who graduated from law school on or after June 1, 2013**, and is in good standing in the Bar of any state or the District of Columbia.

**\$15 for individual not admitted to the practice of law**, but employed or retained by a lawyer, law office, government agency or other business entity although not admitted to the practice of law. Applicant sponsored by TWBA Member: \_\_\_\_\_

**\$5 for student or graduate of an accredited law school** who has not been admitted to a Bar of any state or the District of Columbia.

**For an additional \$30**, I would like to be an affiliate member of the Ohio Women's Bar Association (Membership is free for student of an accredited law school).

Or Apply Online: <https://tw3sba.wildapricot.org/join-us>

**The TWBA would like to include your contact information in the TWBA Member Directory.** Please indicate the extent of information you would like included:

- |                                           |                                                   |                                         |
|-------------------------------------------|---------------------------------------------------|-----------------------------------------|
| <input type="checkbox"/> Employer         | <input type="checkbox"/> Title/Position           | <input type="checkbox"/> Office Address |
| <input type="checkbox"/> Office Phone     | <input type="checkbox"/> Cell Phone               | <input type="checkbox"/> e-mail address |
| <input type="checkbox"/> Area of Practice | <input type="checkbox"/> <b>None of the Above</b> |                                         |

Please complete and mail this form, along with a check made payable to the TWBA, to **P.O. Box 1724, Toledo, Ohio 43603.**