

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

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 \$85.00. 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

Today's Date _____

Office Use Only:

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