

FLORIDA ASSOCIATION FOR WOMEN LAWYERS
APPLICATION FOR AFFILIATE MEMBERSHIP

NAME: _____

BUSINESS/EMPLOYER: _____

MAILING ADDRESS: _____

CITY: _____, FL ZIP: _____

E-MAIL ADDRESS: _____

BUSINESS TELEPHONE: _____ FAX: _____

Are you a member of any FAWL chapter? ___ YES ___ NO

If yes, which chapter? _____

Is your employment or business related to the practice of law? ___ YES ___ NO

If yes, how is it related to the practice of law: _____

Have you sponsored or contributed services to FAWL in the past? ___ YES ___ NO

If yes, please provide details of your sponsorship or contributions: _____

Please explain your reason(s) for seeking an affiliate membership with FAWL: _____
