



Universal Membership Application

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Bold indicates required items. *Please type or print legibly.*

Application Type:

- New Member
- Renewing or Lapsed Member (*This form is not needed for renewals.*)

Membership Category:

- Attorney
- Student

Bar or Student Number _____

Name _____

Firm/Agency/School _____

Mailing Address _____

Mailing City _____ **State** _____ **ZIP Code** _____

Preferred Email _____

Phone Work (_____) _____ **Mobile** (_____) _____

Preferred Phone Work Mobile

CHAPTERS AND OPTIONS *Dues vary by chapter—please visit www.fawl.org/dues for current dues.*

\$45 (attorney members) or \$10 (student members) of your dues is applied to your state FAWL membership and paid only once per year. The remainder is submitted to your chapter(s). If joining an additional chapter, deduct \$45 from published dues for the additional chapter. Membership dues include a subscription to the print edition of the *FAWL Journal*. Call 866.241.3295 for assistance.

Your Primary Chapter _____ **Amount** \$ _____

Your Additional Chapter (Optional) _____ **Amount** \$ _____

Judge Mattie Belle Davis Society Yes— \$100/year **Amount** \$ _____

See www.fawl.org/mattie-belle-davis-society for more information.

Total Amount Due \$ _____

PAYMENT INFORMATION Visa MasterCard American Express Discover Phone Information 866.241.FAWL Check

Name on Card _____

Card Number _____ **Expiration Date** ___/___ **Security Code** _____

Card Billing Same as Mailing Address above.

Billing Address _____

Billing City _____ **State** _____ **ZIP Code** _____

YEARLY MEMBERSHIP TERM IS JULY 1 — JUNE 30

Bonus Membership Period: Get up to an additional four months free! The expiration date for members joining March 1—June 30 will be June 30 of the following year.

SIGNATURE _____ **Date** _____

Email, Mail, or Fax Your Completed Application
Online at www.fawl.org

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