



2017 MEMBERSHIP APPLICATION - LAW FIRM

- New Member**
- Existing Member Renewal – No changes to Delegate information**
- Existing Member Renewal – With changes to Delegate information**

Firm Name: _____

Address: _____

Telephone: _____ Facsimile: _____

Number of Attorneys: Firm-Wide _____ In Chicagoland Offices: _____

Name of Firm's Women's Initiative (if exists): _____

Chicago Office Managing Partner: _____

Email: _____ Telephone: _____

Head of Diversity (Chicago or National?): _____

Email: _____ Telephone: _____

DUES INFORMATION: The Coalition Annual Membership Dues are based on the number of attorneys in the firm's Chicagoland office(s), according to the following scale:

1 – 25 Attorneys:	\$ 625/year	100 – 300 Attorneys:	\$3,125/year
26 – 50 Attorneys:	\$ 935/year	+300 Attorneys:	\$4,375/year
51 – 99 Attorneys:	\$1,875/year		

Checks should be made payable to The Coalition of Women's Initiatives in Law.

Note: This Membership is for Chicagoland offices only. The New York Coalition has separate dues for New York offices.

PAYMENT ENCLOSED IN THE AMOUNT OF \$ _____.

Please return this application and payment to:
The Coalition of Women's Initiatives in Law
332 S. Michigan Avenue
Suite 1032-C284
Chicago, IL 60604-4434

Please complete Delegate, Alternate Delegate, and Mailing List information on following page.



DELEGATE and ALTERNATE DELEGATES

Each Coalition Member Firm shall identify one partner or associate or employee, preferably with direct responsibility for the firm's women's initiatives, to serve as the firm's Main Delegate to the Coalition and one associate to serve as the firm's Associate Delegate to the Coalition. The Main Delegate is the Firm's primary representative within the Coalition, attends the Coalition's Annual Meeting on behalf of the Firm, encourages her colleagues' participation in Coalition events, and is eligible to serve as an Officer or on the Board of Directors of the Coalition.

Each firm shall also identify at least one, and as many as two, additional attorneys or employees who the firm wishes to be actively involved in the Coalition and /or to serve in the event the Main Delegate is not available.

Main Delegate

Title/Position: _____

Telephone: _____

Email: _____

Committee(s) currently on: _____

Committee(s) I wish to join: _____

Alternative/Additional Delegate #1

Title/Position: _____

Telephone: _____ Email: _____

Please indicate if all Coalition mailings should be sent to this person in addition to the Main Delegate:

Yes No

Committee(s) currently on: _____

Committee(s) I wish to join: _____

Alternative/Additional Delegate #2

Title/Position: _____

Telephone: _____ Email: _____

Please indicate if all Coalition mailings should be sent to this person in addition to the Main Delegate:

Yes No

Committee(s) currently on: _____

Committee(s) I wish to join: _____

Associate Delegate

Title/Position: _____

Telephone: _____ Email: _____

Please indicate if this person should receive all mailings or only mailings from the Associates Committee:

All Associates Only

Committee(s) currently on: _____

Committee(s) I wish to join: _____

Mailing List: *Please identify here the email addresses of any other attorneys within your Firm that you would like to be included on the Coalition's mailing list:* _____

