



**2017 MEMBERSHIP APPLICATION
LAW FIRM—NEW YORK CHAPTER**

Firm Name: _____

Address: _____

Telephone: _____ Facsimile: _____

Number of Attorneys: Firm-Wide _____ In New York Office: _____

Additional Office Locations Worldwide: _____

Name of Firm's Women's Initiative: _____

New York Office Managing Partner: _____

Email: _____ Telephone: _____

Head of Diversity¹: _____

Email: _____ Telephone: _____

Please complete Delegate and Alternate Delegate information on following page.

DUES INFORMATION¹: The Coalition Annual Membership Dues are based on the number of attorneys in the firm's New York office(s), according to the following scale:

1 – 25 Attorneys:	\$ 700/year	100 – 199 Attorneys:	\$3,500/year
26 – 50 Attorneys:	\$ 1,050/year	200 – 299 Attorneys:	\$4,150/year
51 – 99 Attorneys:	\$2,075/year	+300 Attorneys:	\$4,875/year

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

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

¹Please enter the person responsible for diversity generally for the firm, regardless of that person's geographic location.

www.thewomenscoalition.com

¹ These dues rates are for the New York Chapter of the Coalition only. Other chapters use their own dues structures.



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.

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: _____

Please note that all Coalition mailings and announcements will be sent to this address unless a different address for mailings is indicated here: _____

Committee(s) currently on: _____

Committee(s) I wish to join²: _____

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: _____

Liaison to charitable partner Step Up: _____

Title/Position: _____ Telephone: _____

Email: _____

²**Committees:** Programming, Associates, In-House Counsel, Community Outreach, Public Relations, Membership, Career Development, Website, Sponsorship