



**2018 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 Diversity<sup>1</sup>: \_\_\_\_\_

Email: \_\_\_\_\_ Telephone: \_\_\_\_\_

***Please complete Delegate and Alternate Delegate information on following page.***

DUES INFORMATION<sup>1</sup>: 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

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

[www.thewomenscoalition.com](http://www.thewomenscoalition.com)

<sup>1</sup> 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 join<sup>2</sup>: \_\_\_\_\_

**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: \_\_\_\_\_

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