



**2017 MEMBERSHIP APPLICATION IN-HOUSE/GOVERNMENT/NONPROFIT ATTORNEYS**

In-house/corporate counsel may join the Coalition on an individual basis or their corporate legal department may join the Coalition on a group basis, with individual attorneys designated as delegates to the Coalition.

**Individual Membership**

Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Company: \_\_\_\_\_  
Address: \_\_\_\_\_  
Email: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Facsimile: \_\_\_\_\_  
Head of Diversity<sup>1</sup>: \_\_\_\_\_  
Email: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Committee(s) currently on: \_\_\_\_\_  
Committee(s) I wish to join<sup>2</sup>: \_\_\_\_\_

**INDIVIDUAL DUES:** The Coalition Annual Membership Dues for in-house/government attorneys joining on an individual basis are \$85.00 per attorney.

**Group Membership**

Company/Government Agency Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Facsimile: \_\_\_\_\_  
Number of Attorneys: Company-Wide \_\_\_\_\_ In New York Office(s): \_\_\_\_\_  
Head of Diversity<sup>1</sup>: \_\_\_\_\_ Email: \_\_\_\_\_  
\_\_\_\_\_ Telephone: \_\_\_\_\_

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

**COMPANY DUES INFORMATION:** Annual Membership Dues are the lesser of the product of \$85.00 and the total number of women in your New York office, or based on the number of attorneys in your 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 for the Company, regardless of that person's geographic location.



**DELEGATE and ALTERNATE DELEGATES**

Each Coalition Member Company/Government Agency shall identify one attorney or other employee to serve as the Main Delegate.

You shall also identify at least one, and as many as three, additional attorneys or employees to serve as the Alternate Delegate(s) or as Additional Delegate(s) 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: \_\_\_\_\_

**Alternate/Additional Delegate #3**

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: \_\_\_\_\_

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