



2016-2017 MEMBERSHIP APPLICATION

NAME: _____

LAW FIRM/OFFICE: _____

BUSINESS ADDRESS: _____

PHONE: () _____ FAX: () _____ EMAIL: _____

AREAS OF PRACTICE: _____

LAW SCHOOL: _____ YEAR GRADUATED: _____

WOULD YOU LIKE TO RECEIVE EMAILS THROUGH OUR LIST SERVE? IF YES, YOU AGREE TO ABIDE BY THE RULES SET FOR LIST SERVE USAGE. YES NO LANGUAGES SPOKEN: _____

CLASSES OF MEMBERSHIP (PLEASE SELECT ONE)

- Active Member:** A person licensed to practice law in the State of Wisconsin is eligible to be an active member. An active member shall be eligible to vote and hold office and shall enjoy all privileges of membership. This membership requires payment of \$60 dues and certification of status.
- Judicial Member:** A judge or judicial court commissioner is eligible to be a judicial member. A judicial member shall be eligible to vote and hold office and shall enjoy all privileges of membership. This membership requires payment of \$60 dues and certification of status.
- Nonresident Member:** A person licensed to practice law in any state in the United States or in any other country is eligible to be a nonresident member. A nonresident member shall not be eligible to vote or hold office but shall otherwise enjoy all privileges of membership. This membership requires payment of \$60 dues and certification of status.
- Law School Student Member:** A person enrolled in any ABA- accredited law school in Wisconsin is eligible to be a law school student member. A law school member shall not be eligible to vote or hold office but shall otherwise enjoy all privileges of membership. This membership requires certification of status only.

WOULD YOU LIKE TO BECOME A MEMBER OF THE HNBA? IF YES, YOU WILL BE CONTACTED TO COMPLETE THE APPLICATION PROCESS. YES NO

CERTIFICATION (REQUIRED FOR ALL CLASSES OF MEMBERSHIP)

I hereby certify that I meet the above requirement(s) listed for the class of membership that I have selected. I also certify that I will immediately notify the Secretary of the Wisconsin Hispanic Lawyers Association in writing of any change in circumstances rendering me incapable of meeting said requirement(s).

Date

Signature

Please sent this application along with your payment, if applicable, to:

**Atty. Maria Lopez
WHLA Treasurer
P.O. Box 2160
Milwaukee, WI 53201-2160
(all checks payable to Wisconsin Hispanic
Lawyers Association)**