

2018 Northern Nevada Women Lawyers Association Membership Registration

(Personal information will not be published or provided to third parties)

Mailing Address: Fax:

State(s) and Years (s) admitted to
practice: Nevada Other State(s):
Membership Type/Annual Dues:
Fewer than two years of practice in Nevada: \$50.00
Government attorneys (regardless of years of practice): \$50.00 Non-lawyer: \$50.00
Non-lawyer: \$50.00 Retired attorneys (regardless of years of practice): \$50.00
More than two years of practice in Nevada: \$75.00
Sustaining member: \$125.00
Please make checks payable to "Northern Nevada Women Lawyers Association" or NNWLA and remit to:
Attn: Jenna Garcia
P.O. Box 40953
Reno, Nevada 89504
Please mark what applies to you:
Solo practitioner Agency/Court
Fewer than 5 attorneys in firm Law Clerk
5-10 attorneys in firm Not currently practicing Seeking employment
Employed by Government Other
What subjects/activities would you like to see as topics for the monthly lunch meetings?
political/legislative issues mentoring stress management
stress management stress management stress management stress management
local legal community issues issues particular to women practicing law
other (please specify)
Please mark if you are interested in more information about joining our lunch mentoring circle. This group
meets on the third Thursday of every month at Washoe Public House.
Do you have any suggestions as to activities and/or events that you would like NNWLA to sponsor or participate in
during 2018?:
What day(s) each month would be best for you to attend NNWLA events? Please also specify days for luncheon ardinner events if they differ:
Other comments:



2018 Northern Nevada Women Lawyers Association Members Only Referral Page

(Please fill out this portion of the membership form only if you want any of the following information to appear on our website. Only 2018 NNWLA members will have access to the page on our website with this information.)

(Initial)	cluded on the NNVVLA Referral Page:
Name:	Telephone (work)
Mailing Address:	Fax: EMail:
State(s) and Years (s) admitted to practice: Nevada	Other State(s):
Website:	
Practice Areas:	
Specialties:	
Additional information:	