



2019 Northern Nevada Women Lawyers Association Membership Registration

(Personal information will not be published or provided to third parties)

Name: _____

Telephone (work): _____

Mailing Address: _____

Fax: _____

E-Mail: _____

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
_____ 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 |
| _____ Contract Attorney | _____ 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 |
| _____ family law issues | _____ stress management |
| _____ career options | _____ CLE credit |
| _____ 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 2019?: _____

What day(s) each month would be best for you to attend NNWLA events? Please also specify days for luncheon and dinner events if they differ: _____

Other comments: _____



2019 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 2019 NNWLA members will have access to the page on our website with this information.)

_____ I would like the following information to be included on the NNWLA Referral Page:
(Initial)

Name: _____

Telephone (work) _____

Mailing Address: _____

Fax: _____

E-Mail: _____

State(s) and Years (s) admitted to practice:

_____ Nevada

_____ Other State(s): _____

Website: _____

Practice Areas: _____

Specialties: _____

Additional information: _____
