

LeGaL Membership Form for 1st-time Members (Attorneys/Law Graduates)

I. Contact/Background Information

Name _____

Employer / Position _____ / _____

Business Address _____

Preferred Phone (Please circle: Home/Work/Cell) _____

Preferred E-mail Address _____

Home Address _____

Please send any **Mail To** (circle one): Office / Home

Law School / Graduation Year _____ / _____

In what setting do you practice/work?

<input type="checkbox"/> Solo Practitioner	<input type="checkbox"/> Company/Corporation
<input type="checkbox"/> Law Firm (2-10 Attorneys)	<input type="checkbox"/> Judiciary
<input type="checkbox"/> Law Firm (11-25 Attorneys)	<input type="checkbox"/> Nonprofit
<input type="checkbox"/> Law Firm (26-50 Attorneys)	<input type="checkbox"/> Government
<input type="checkbox"/> Law Firm (51-100 Attorneys)	<input type="checkbox"/> Academia
<input type="checkbox"/> Law Firm (100+ Attorneys)	<input type="checkbox"/> Other/Not Applicable

Primary Practice Area(s): _____

II. Committee / Activity Interest

I am interested in learning more about the following committee(s):

<input type="checkbox"/> In-House Corporate Counsel Committee	<input type="checkbox"/> Law Student Leadership Committee
<input type="checkbox"/> Judiciary Committee	<input type="checkbox"/> Pro Bono Service & Clinics Committee
<input type="checkbox"/> Networking & Social Events Committee	<input type="checkbox"/> Solo Practitioner/Small Law Firm Committee

I am interested in serving as a mentor for a law student or newly admitted attorney:

Yes No

III. Payment Information / Dues Based on Annual Income/Membership Type
** Take 50% off applicable dues below for 1st year **

Please support the LeGaL Foundation as part of your charitable giving!

<input type="checkbox"/> up to \$30,000 = \$40	<input type="checkbox"/> Non-resident Member* = \$55	* Admitted to practice law but not NYC metro resident
<input type="checkbox"/> up to \$50,000 = \$55	<input type="checkbox"/> Law Graduate +	+ Not yet admitted but reside in NYC area /check off applicable income level for dues
<input type="checkbox"/> up to \$75,000 = \$80		
<input type="checkbox"/> up to \$100,000 = \$110		
<input type="checkbox"/> over \$100,000 = \$135		

Enclosed is a check for \$ _____ made payable to **LeGaL (take 50% off above dues for 1 year)**

Please charge payment in the amount of \$ _____ to Mastercard/Visa/AmEx/ Discover) (circle)

**** Included in my total is a tax-deductible donation of \$ _____ to the LeGaL Foundation**

Name on Credit Card / Expiration Date: _____ / _____

Billing Address: Same as Home / Same as Business (circle) (if other provide below):

Credit Card # / Security Code: _____ / _____

Phone / E-mail (if not provided above): _____ / _____

IV. Certification (Mail or e-mail form to LeGaL 799 Broadway, #340 NY, NY 10003 / info@le-gal.org)

I certify that: I am a member of the bar in good standing / I am law graduate who intends to be admitted.

Signature _____ / Date _____

Please consider providing voluntary & confidential demographic information on next page

Please complete this voluntary section so that LeGaL may have an accurate idea of the demographics of our membership. All information will be kept confidential. Thank you.

Age: 20-29___ 30-39___ 40-49___ 50-59___ 60-69___ 70-79___ 80+___

Race/ethnicity: African-American___ Afro/Caribbean___ Other African___ Latino/Hispanic___
Asian-American___ Pacific Islander___ South Asian___ Arab/Middle Eastern___
Native American___ White/Caucasian___ Other_____

Sexual Orientation: Lesbian___ Gay___ Bisexual___ Heterosexual___
Other_____

Gender Identity/Expression: Male___ Female___ Neither___ Both___ Other_____

I am of transgender experience___

Disability: I require accessibility at LeGaL events___ I require ASL interpretation at events___