

MEMBERSHIP APPLICATION 2024-2025 BAR YEAR

Name:	
Firm/C	ompany/Agency:
Title (a	ttorney, partner, etc.):
Mailing	g Address:
E~mail:	Phone:
Practice	Area(s):
	erested in learning more about the following EPWBA programs/committees and would be considered for future volunteer opportunities:
	Positive Role Model Program Charity Bash Adoption Day CLE & Other Programming Mentorship Program – Mentors in Law & Equality
I have e	nclosed the following amount for membership dues. (Please check one)
	Regular membership dues: \$50.00. Government/Non-Profit Attorney membership dues: \$40.00.
PLEASE :	MAKE CHECKS PAYABLE TO THE "EL PASO WOMEN'S BAR ASSOCIATION"
	would like to pay by credit card, scan this QR code or ur website: elpasowba.com/membership
	VAL: I am interested in making a tax-deductible donation to the Legal Charitable ion of El Paso in the amount of \$

** The LCFEP is a 501(c)(3) non-profit organization created by officers of the EPWBA in 2006, which was formed to enhance the rule of law and system of justice; to educate the public about the role of law and the legal system; to advance the cause of justice, the cause of women and the causeof young people; to nuture and improve the relationship among lawyers and the community; and to enhance and expand educational opportunities for El Paso area young people.

Please return your completed form, along with your payment to:

The El Paso Women's Bar Association

c/o Kate Godinez, President

401 Boston Ave., El Paso, Texas 79902

or email your completed form to: kate@sglawpllc.net