

New/Renewal Membership Application - August 1, 2007 to July 31, 2008

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Mailing Address: \_\_\_\_\_

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County of Residence: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

E-Mail: \_\_\_\_\_

\*\*\*\*Please note, we will enroll you in the KWAA listserv unless you direct otherwise.

Please do not enroll me in the KWAA Listserv: \_\_\_\_\_

(Signature)

Area(s) of Practice: \_\_\_\_\_

Membership Dues: \$50 annually (August 1 to July 31)

Law Students Membership is complementary

Make your check payable to: **Kansas Women Attorneys Association**

Mail this form and your check to:

Kansas Women Attorneys Association

PO Box 598

Topeka KS 66601

For additional information regarding KWAA, please visit:

[www.kswomenattorneys.com](http://www.kswomenattorneys.com)

Questions: Contact Patricia Hamilton at (785) 232-2200 or [phamilton@hensonlawoffice.com](mailto:phamilton@hensonlawoffice.com)

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KWAA PO Box 598 Topeka, KS 66601

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