

**CENTRAL FLORIDA ASSOCIATION FOR WOMEN LAWYERS**

Membership Application and Committee Preference Form

Our members advance the science of jurisprudence, promote reform in law, facilitate the administration of justice, uphold the highest standards of integrity, learning, honor and courtesy in the legal profession, and promote women's rights and the common interests of women lawyers. We invite you to join us today. Many exciting activities and programs are planned for this year and we look forward to your participation!

NAME: \_\_\_\_\_ DATE OF BIRTH (mo./day): \_\_\_\_\_

EMPLOYER: \_\_\_\_\_  
MAILING ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

BUSINESS PHONE: \_\_\_\_\_ FACSIMILE NO.: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

FLORIDA BAR NO.: \_\_\_\_\_ DATE OF ADMISSION: \_\_\_\_\_

OTHER BAR ADMISSIONS: \_\_\_\_\_

**TYPE OF ENROLLMENT**

Enrollment Term \_\_\_\_\_ (Ex. 2009-2010)(Terms run from June 1<sup>st</sup> through May 31 of each year)

- Continuing (\$85.00 if paid by September 30<sup>th</sup>, \$95.00 thereafter)
- Law Student (\$40.00) \_\_\_\_\_ Barry Law School \_\_\_\_\_ FAMU
- New Member (\$85.00)

APPLICANT DESIRES REFERRALS:  YES  NO

PRACTICE AREAS: (Members are limited to 3 practice areas. Only new members and members who renew on or before August 31<sup>st</sup> of each year will be included in the practice area directory. So don't forget to renew your membership!

CHECK HERE IF YOU OBJECT to any of the above information being used in either the CFAWL Newsletter or CFAWL Directory. Also, if applicable, please specify the information you prefer ***not*** to be published.

**WILLINGNESS TO SERVE / WORK ON COMMITTEE (S) OR PROJECT (S)**

I am willing to serve on the following Committee(s) and/or Project(s):

- New Member Reception
- Judicial Reception
- Programs
- Young Lawyers
- Meeting/Seminar Speaker
- Professional Women's Exchange
- Newsletter
- Work with A Mentor
- Serve as a Mentor (at least 5 years experience)
- Angel Tree Holiday Project
- Professional Leadership Development
- Administrative Assistant's Lunch

RETURN APPLICATION AND CHECK for \$85.00 payable to CFAWL to:

Attn: CFAWL Membership Chair

P.O. Box 3351

Orlando, Florida 32802-3351

FOR OFFICE USE ONLY:

Date Received by Membership: \_\_\_\_\_ Date sent to Treasurer, Newsletter & President: \_\_\_\_\_

### Mentor Form

Please complete if you are interested in becoming a MENTOR.

Mentor's Name: \_\_\_\_\_

Mentor's Address: \_\_\_\_\_

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

Firm/Employer: \_\_\_\_\_ Title: \_\_\_\_\_

Type of Practice (Solo, Small Firm, Etc): \_\_\_\_\_ Practice Area (Type of Law): \_\_\_\_\_

What are your expectations of the mentoring relationship? \_\_\_\_\_

Any additional information that may assist us in identifying your mentee? \_\_\_\_\_

Please attach Resume if available.

**RETURN FORM TO:** CFAWL, Attn: Mentoring Committee, P.O. Box 3351 Orlando, Fl 32802-3351.  
If you have any questions or concerns, please do not hesitate to contact Mary Ann Morgan at (407) 679-9900.

### Mentee Form

Please complete if you are interested in becoming a MENTEE.

Mentee's Name: \_\_\_\_\_

Mentee's Address: \_\_\_\_\_

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

Firm/Employer: \_\_\_\_\_ Title: \_\_\_\_\_

Type of Practice (Solo, Small Firm, Etc): \_\_\_\_\_ Practice Area (Type of Law): \_\_\_\_\_

What are your expectations of the mentoring relationship? \_\_\_\_\_

Any additional information that may assist us in identifying your mentor? \_\_\_\_\_

Please attach Resume if available.

**RETURN FORM TO:** CFAWL, Attn: Mentoring Committee, P.O. Box 3351 Orlando, Fl 32802-3351.  
If you have any questions or concerns, please do not hesitate to contact Mary Ann Morgan at (407) 679-9900.