

Register online at www.gaylaw.org, or mail your form and check to GAYLAW, P.O. Box 34072, Washington, DC 20043.

GAYLAW
NEW MEMBERSHIP & MEMBER RENEWAL FORM 2010

Member Information

- (1) Name _____
- (2) Street Address _____ Apt./Ste. No. _____
- (3) City/State/Zip Code _____
- (4) Telephone Numbers with Area Codes: Home () _____ Work () _____
- (5) E-Mail Address(es) _____
- (6) Occupation: Attorney _____ Law Student _____ Law Professor _____ Paralegal _____ Legal Secretary _____ Other _____
- (7) Employer: Law Firm ___ Government ___ Public Interest Firm ___ Corporation ___ Sole Prac. ___ Law School ___ Legislative ___ Other ___
- Name of Employer (Optional) _____ State Bar Membership _____
- (8) Areas of Specialization: _____
- (9) Attorney Referral Program: GAYLAW sponsors an attorney referral service for which there is a separate application form and fee. Would you like to receive information about the program? Yes ___ No ___
- (10) Membership Directory: GAYLAW publishes a membership directory that is sent to GAYLAW members. Do you authorize publication of the above information in the membership directory? Yes ___ No ___ If yes, please sign your name _____

Membership Dues

Basic membership dues vary according to annual income or student status. Sustaining Members receive a one-year GAYLAW membership, admission to the summer Pool Party, one ticket to the Holiday Gala and, unless he or she chooses anonymity, listing as a Sponsor of the Holiday Gala in programs and promotional materials. Please check the category that applies to you, and write the proper amount in the space marked "Total Dues." Write the amount of any additional donation on the next line. Attach a check or money order payable to "GAYLAW," then mail the form and payment to: GAYLAW . P.O. Box 34072, Washington, DC 20043. If you have questions, please call (202) 842-7723.

- | | | |
|---|---------------|-----|
| (1) Law Student | Free | ___ |
| (2) Annual income less than \$50,000..... | \$50.00/year | ___ |
| (3) Annual Income between \$50,000 and \$100,000..... | \$75.00/year | ___ |
| (4) Annual Income more than \$100,000..... | \$100.00/year | ___ |
| (5) Sustaining Member | \$150.00/year | ___ |

Sustaining Members: Check here ___ if you do not wish to be listed as a Sponsor of the Holiday Gala.

Total Dues \$ _____

Additional Donation to Fund GAYLAW Programs \$ _____

Total Amount of Check \$ _____

GAYLAW Committees and Activities

Please check the appropriate lines to indicate the committees or other activities of GAYLAW in which you would like to become involved. A representative of the Board or the Committee will contact you:

- | | | | |
|------------------------------------|-----|------------------------------------|-----|
| Programs / Socials | ___ | Communications | ___ |
| Law Student Outreach and Mentoring | ___ | Membership | ___ |
| Public Service & Policy | ___ | D.C. Bar Candidates Survey & Forum | ___ |
| Attorney Referral | ___ | *Whitman-Walker Clinic Volunteer | ___ |

*GAYLAW attorneys volunteer once a month at Whitman-Walker Clinic to assist people with HIV/AIDS prepare simple planning documents (Wills, Medical Directives and Powers of Attorney). Training and mentoring are available.