

STATEMENT OF 2010 - 2011 MEMBERSHIP DUES

Please enroll me as a member of the Western District of Wisconsin Bar Association for fiscal year 2010-2011. **Enclosed is my check for \$35.00 payable to the Western District of Wisconsin Bar Association.**

PLEASE PRINT OR TYPE

Full Name: _____

Firm Name/Gov Department: _____

Address: _____

City, State, Zip: _____

Office Telephone: _____ FAX: _____

EMAIL: _____

I am willing to volunteer:

- for pro bono appointment
 to serve as an "Early Neutral Evaluator"

For service on the following association committee(s):

- | | |
|--|---|
| <input type="checkbox"/> Criminal Justice Section | <input type="checkbox"/> Pro Se/Pro Bono |
| <input type="checkbox"/> Alternative Dispute Resolution | <input type="checkbox"/> Communications |
| <input type="checkbox"/> Courthouse/Equipment & Facilities | <input type="checkbox"/> Court Rules, Practice
& Procedure Section |
| <input type="checkbox"/> Website | |

Please make remittance payable to:
WESTERN DISTRICT OF WISCONSIN BAR ASSOCIATION
P.O. Box 44578
Madison, WI 53744-4578

- WHY NOT PAY BY FIRM CHECK? When more than one member's dues are paid by firm check, please return all dues notices covered by your firm's check.