



STATEMENT OF 2018 - 2019 MEMBERSHIP DUES

Please enroll me as a member of the Western District of Wisconsin Bar Association for fiscal year 2017-2018. **Enclosed is my check for \$50.00 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 work on the following areas for the WDBA:

- Please add me to the list to take *pro bono* assignments
- Articles for the Newsletter
- Court Rules, Practice & Procedure
- Courthouse/Equipment & Facilities
- Criminal Law and Procedure
- Mentoring
- Pro Se/Pro Bono
- 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.