

NEW MEMBER

RENEWAL



18 WEST MERCER ST. SUITE 400

SEATTLE, WA 98119-3971

www.welaweb.org

NEW MEMBERSHIP / RENEWAL APPLICATION

First / Last Name _____

Firm _____

Street Address _____

City, State, Zip _____

Business Phone _____ Cell Phone _____ Fax _____

Email: _____

Website: _____

Law School (if student) _____

<input type="checkbox"/> Y	<input type="checkbox"/> N	This is a new address or contact information
<input type="checkbox"/> Y	<input type="checkbox"/> N	Please include me on the WELA Listserv _____ <small><i>If Student (Attorney Sponsor)</i></small>
<input type="checkbox"/>	<input type="checkbox"/>	Preferred Method for delivery of WELA Alert
<input type="checkbox"/>	<input type="checkbox"/>	Email Fax
<input type="checkbox"/> Y	<input type="checkbox"/> N	VOLUNTEER? Are you interested in becoming more involved with WELA?



DUES 2015

Student	\$25.00	<input type="checkbox"/>
Legal Assistant / Paralegal <small>(Employer must be a WELA member)</small>	\$25.00	<input type="checkbox"/>
Non-Profit / Government	\$25.00	<input type="checkbox"/>
Five (5) years or fewer of practice	\$100.00	<input type="checkbox"/>
More than (5) years of practice	\$200.00	<input type="checkbox"/>
WELA SUSTAINING MEMBERS CIRCLE* <small>(includes one year membership dues)</small>	\$300.00	<input type="checkbox"/>
Additional Contribution	\$ _____	
TOTAL CONTRIBUTION	\$ _____	

PLEASE NOTE: 50% of your membership dues are not tax deductible because 50% of them will be used for political advocacy and lobbying efforts.

**Sustaining membership dues ensure that WELA can pursue specific projects that further our mission.*

Please make checks payable to WELA and remit to:
Washington Employment Lawyers Association
18 West Mercer Street, Suite 400
Seattle, WA 98119-3971

AREAS OF FOCUS (please check top six)

- | | |
|-----------------------------------------------------------|-------------------------------------------------------------|
| <input type="checkbox"/> Civil Rights | <input type="checkbox"/> Workplace Harassment |
| <input type="checkbox"/> Defamation | <input type="checkbox"/> Social Security |
| <input type="checkbox"/> Employment Discrimination | <input type="checkbox"/> Unemployment Compensation |
| <input type="checkbox"/> Employee Benefits | <input type="checkbox"/> Wage and Hour |
| <input type="checkbox"/> Class Actions | <input type="checkbox"/> Whistleblower / Qui Tam |
| <input type="checkbox"/> Federal Employees | <input type="checkbox"/> Workers Compensation |
| <input type="checkbox"/> Labor Law (Union Representation) | <input type="checkbox"/> Wrongful Discharge (Public Policy) |
| <input type="checkbox"/> Mediation | <input type="checkbox"/> OTHER: _____ |
| <input type="checkbox"/> Non-Competes / Trade Secrets | _____ |
| <input type="checkbox"/> OSHA / WISHA | _____ |
| <input type="checkbox"/> Public Employment | _____ |

I CERTIFY that no more than 25% of my employment related legal representation is on behalf of Employers,* or, if student member, that I am a student at a Law School in Washington and subscribe to the purpose of promoting the rights of Employees.

Signature _____ Date _____

* Please check this box if you or your law firm represents employers in employment-related disputes. WELA may contact you for additional information.