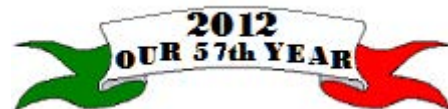




Membership Application

COLUMBIAN LAWYERS ASSOCIATION

MEMBERSHIP / FRIENDS COMMITTEE
8 East 69th Street
New York, NY 10021
Tel. (212) 661-1661



I hereby apply for Membership in the Columbian Lawyers Association.

Name: _____ Send Mail to: Office Home

Firm: _____

Office Contact Information:

Phone: _____ Fax: _____ E-mail: _____

Home Contact Information:

Phone: _____ Fax: _____ E-mail: _____

Law School: _____ Year of Degree: _____

Date of Admission: _____ Department: _____

Practice Areas: _____

I would be interested in participating in a Committee Yes No Type of Committee: _____

Annual Dues Schedule - Check applicable box
(Please remit payment with your Application)

- \$10.00 - Student Members \$50.00 - Attorneys admitted 1 - 3 years \$100.00 - Attorneys admitted 4 - 10 years
 \$150.00 - Attorneys admitted 10+ years \$1,500.00 - Lifetime Membership

I hereby confirm that I am of Italian Ancestry. If elected to membership in the Columbian Lawyers Association, I will abide by its Constitution and By-Laws.

Sponsor: _____ Date: _____

Signature of Applicant: _____

Please mail this form along with your check payable to: **Columbian Lawyers Association**
Membership / Friends Committee
Columbian Lawyers Association
8 East 69th Street
New York, NY 10021

For Office Use Only

Membership / Friends Committee Action: _____

Dated: _____ **Membership / Friends Committee:** _____