



**2021 MEMBERSHIP APPLICATION
(Period of January – December 2021)**

Applicant Name: _____

Law Firm/Office Name: _____

Business Address: _____

Phone Number: _____ Fax Number: _____

E-mail (to be used for listserv): _____

Area(s) of Practice: _____

Law School: _____ Graduation Year: _____

Language(s) spoken: _____

Would you like to receive emails through the WHLA listserv?

Yes _____ No _____

If yes, you agree to abide by the rules set for listserv usage.

Would you like to become a Hispanic National Bar Association (HNBA) member?

Yes _____ No _____

If yes, please complete the membership application directly with the HNBA. WHLA is an affiliate member of the HNBA.

Class of Membership (please select one):

___ **Active Member (\$60.00):** A person licensed to practice law in the State of Wisconsin is eligible to be an active member. An active member shall be eligible to vote and hold office and shall enjoy all privileges of membership.

___ **Judicial Member (\$60.00):** A judge or judicial court commissioner is eligible to be a judicial member. A judicial member shall be eligible to vote and hold office and shall enjoy all privileges of membership.

___ **Non-Resident Member (\$60.00):** A person licensed to practice law in any state in the United States or in any other country is eligible to be a nonresident member. A nonresident member shall not be eligible to vote or hold office but shall otherwise enjoy all privileges of membership.

___ **Law Student Member (no fee):** A person enrolled in any ABA- accredited law school in Wisconsin is eligible to be a law school student member. A law school member shall not be eligible to vote or hold office but shall otherwise enjoy all privileges of membership.

Membership fees may be paid by check, credit card or via electronic payment through [Eventbrite](#). Please make checks payable to the Wisconsin Hispanic Lawyers Association and mail to Elizabeth Lanzhammer, WHLA Treasurer, Axley Brynelson, LLP, 2 E. Mifflin St., Ste 200, Madison, WI 53703. If paying with a credit card, please complete the following information.

Credit Card Number: _____

Security Code: _____ Expiration Date: _____

I hereby certify I meet the above requirement(s) listed for the class of membership I have selected. I also certify I will immediately notify the Secretary of the Wisconsin Hispanic Lawyers Association in writing of any change in circumstances rendering me incapable of meeting said requirement(s). If I am paying my membership fee by credit card, I authorize the charge by signing below.

Signature

Date