



**2023 MEMBERSHIP APPLICATION  
(Period of January – December 2023)**

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 or credit card. Please make checks payable to the Wisconsin Hispanic Lawyers Association and mail to Joshua Hernandez, Treasurer Reinhart 1000 N. Water Street, 1700, Milwaukee, 53202. If paying with a credit card, please complete the following information:

Name on Card: \_\_\_\_\_

Security Code: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**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