

# WLA Membership Renewal Form

Please complete this form and return by mail with a check payable to the Women Lawyers Association of Jefferson County to:

**Women Lawyers Association of Jefferson County**  
**P.O. Box 70271**  
**Louisville, KY 40270-0271**

To pay online, please visit our online membership portal at [www.wlajeffco.com](http://www.wlajeffco.com).

Name \_\_\_\_\_

Employer (if applicable) \_\_\_\_\_

Preferred Address 1 \_\_\_\_\_

Preferred Address 2 \_\_\_\_\_

Preferred Phone \_\_\_\_\_

Preferred Email \_\_\_\_\_

Date Admitted to the Bar \_\_\_\_\_

Practice Area \_\_\_\_\_

## Select One:

Lawyer & Associate Membership (includes non-lawyers and retired members): \$60

Law Student Membership: Free