

The LGBT Bar Association of Greater New York (LeGaL) Application for *1st*-time Members

I. Contact / Background Information

Name: _____

Employer: _____ Position: _____

Business Address: _____

Preferred Phone: _____ Preferred E-mail: _____

Home Address: _____

Please send any mail to (circle one): **Office / Home**

Law School: _____ Graduation Year: _____

In what setting do you practice/work?

- | | |
|--|---|
| <input type="checkbox"/> Solo Practitioner | <input type="checkbox"/> Company / Corporation |
| <input type="checkbox"/> Law Firm (2-10 Attorneys) | <input type="checkbox"/> Judiciary |
| <input type="checkbox"/> Law Firm (11-25 Attorneys) | <input type="checkbox"/> Nonprofit |
| <input type="checkbox"/> Law Firm (26-50 Attorneys) | <input type="checkbox"/> Government |
| <input type="checkbox"/> Law Firm (51-100 Attorneys) | <input type="checkbox"/> Academia |
| <input type="checkbox"/> Law Firm (100+ Attorneys) | <input type="checkbox"/> Other / Not Applicable |

Primary Practice Area(s): _____

II. Committee / Activity Interest

- | | |
|---|---|
| <input type="checkbox"/> In-House Corporate Counsel Committee | <input type="checkbox"/> Networking & Social Events Committee |
| <input type="checkbox"/> Judiciary Committee | <input type="checkbox"/> Solo Practitioner / Small Law Firm Committee |
| <input type="checkbox"/> Family / Matrimonial Law Committee | <input type="checkbox"/> Diversity Committee |
| <input type="checkbox"/> Public Interest Law Committee | |

I'm interested in serving as a **mentor for a law student or newly admitted attorney**

I'd like to receive information about **possible cases for pro bono representation**

I'd like to learn more about joining **LeGaL's Attorney Referral Service**

III. Payment Information / Dues Based on Annual Income / Membership Type

** Take 50% off applicable dues below for 1st year membership discount*

- | | | |
|--|---|---|
| <input type="checkbox"/> up to \$30,000 = \$40 | <input type="checkbox"/> over \$150,000 = \$175 | <i>*Voluntarily pay higher dues to further support work of Association & Foundation + Not yet admitted/check off applicable income level for dues</i> |
| <input type="checkbox"/> up to \$50,000 = \$55 | <input type="checkbox"/> 1-yr. Sustaining Member* = \$200 | |
| <input type="checkbox"/> up to \$75,000 = \$80 | <input type="checkbox"/> 2-yr. Sustaining Member* = \$300 | |
| <input type="checkbox"/> up to \$100,000 = \$120 | <input type="checkbox"/> Law Graduate + | |
| <input type="checkbox"/> up to \$150,000 = \$150 | | |

Your donations to the LeGaL Foundation are tax deductible and support all of our charitable and educational programs. Please consider including a *tax-deductible donation* with your dues.

Included in my total below is a donation of \$ _____ to the LeGaL Foundation

Enclosed is a **check** for \$ _____ made payable to the **LeGaL Foundation** (*take 50% off above dues*)

Please **charge** payment of \$ _____ to **Mastercard/Visa/AmEx/Discover** (*take 50% off above dues*)

Name on Credit Card: _____

Billing Address (if different from above): _____

Credit Card #: _____ Expiration Date: _____ Security Code: _____

IV. Certification (Mail or E-mail form to The LGBT Bar Association of Greater New York / @ The Centre for Social Innovation / 601 West 26th Street, Suite 325-20 / New York, NY 10001 / info@le-gal.org)

I certify that: I am a member of the bar in good standing / I am a law graduate intending to be admitted

Signature: _____ Date: _____

Please consider providing voluntary & confidential demographic information on reverse side

V. Additional Information (optional) *Please complete this voluntary section so that LeGaL may have an accurate idea of the demographics of our membership. All information will be kept confidential.*

Age: ___ 20–29 ___ 30–39 ___ 40–49 ___ 50–59 ___ 60–69 ___ 70–79 ___ 80+

Race / ethnicity: ___ African-American ___ Afro / Caribbean ___ Other African ___ Latino / Hispanic
___ Asian-American ___ Pacific Islander ___ South Asian ___ Arab / Middle Eastern
___ Native American ___ White / Caucasian ___ Other _____

Sexual Orientation: ___ Lesbian ___ Gay ___ Bisexual ___ Heterosexual ___ Other _____

Gender Identity / Expression: ___ Male ___ Female ___ Intersex ___ Transgender ___ Other _____

Disability: ___ I require accessibility at LeGaL events / ___ I require ASL interpretation at LeGaL events