## Washington State Bar Association

## Section Membership Form - 2013/2014

Membership Year - October 1, 2013, through September 30, 2014

• Annual dues are not prorated and may be paid at any time during the membership year. We encourage you to join or renew sections in October to receive the full benefit of the membership. Any memberships purchased through August 31st will be for the current year only. Memberships purchased in September will be for the following year.



## SKIP THE PAPER! RENEW ONLINE at mywsba.org

WSBA ID:

or follow these steps:



Name: Address: City, State, Zip:

Section	Dues
Administrative Law	\$25
Alternative Dispute Resolution	\$35
Animal Law	\$25
Antitrust, Consumer Protection and Unfair Business Practices	\$20
Business Law	\$25
Civil Rights Law	\$30
Construction Law	\$25
Corporate Counsel	\$20
Creditor Debtor Rights	. \$27.50
Criminal Law	\$30
Elder Law	\$35
Environmental and Land Use Law	\$35
Family Law	\$35
Health Law	\$20
Indian Law	\$25
Intellectual Property	\$25
International Practice	\$40
Juvenile Law	\$30
Labor and Employment Law	\$30
Legal Assistance to Military Personnel	\$35
Litigation	\$30
Real Property, Probate and Trust	\$25
Senior Lawyers	\$25
Sexual Orientation and Gender Identification Legal Issues	\$30
Solo and Small Practice	
Taxation	
World Peace Through Law	

Total Due \$

Questions? Contact the WSBA Service Center at 800-945-WSBA (9722) or 206-443-WSBA (9722) or questions@wsba.org.

Instructions – Either renew online at mywsba.org

- 1. Enter the amount of dues on the line for the section(s) you wish to join.
- 2. Enter the total due at the bottom of the column.
- 3. If paying by **check**, return this form with check payable to WSBA in the enclosed envelope (if you are also paying license fees, you may use one check).
- 4. If paying by **credit card**, you may pay online or by mail as follows:
  - Online credit card payments: Log in to mywsba.org to join or renew sections.
  - Mail credit card payments:
     Complete the information below and send to WSBA in the enclosed envelope.

☐ Amex	□ Visa	☐ MasterCard
Card No.		Exp. Date
Cardholder Name	(print)	
Cardholder Addres	ss (if not same	as above)
Cardholder Billing	Address (if n	ot same as above)
Authorized Signat	ure	

Office Use Only	ORDER#	
(AR) Date	Ck #	Amount \$
(AP) Reason		Amount \$
Approval		
Requested L	oy/date	Approved by/date