



STATEMENT OF 2013 MEMBERSHIP DUES

Please complete and return this form with each membership dues payment to the address below

PLEASE PRINT OR TYPE

Full Name: _____

Firm/Company Name or Governmental Department : _____

Mailing Address: _____

City, State, Zip: _____

Office Telephone: _____ Fax: _____

Year Admitted: _____ EMAIL: _____

Please Check Category Applicable to you:

- Admitted to practice before January 1, 2010 \$75
Admitted to practice since January 1, 2010 \$60
First time member - never a member before \$50
Retired member \$60
In practice for 50 or more years, still practicing No Charge

I would also like to have access to the DCBA retreat room in the Dane County Courthouse, and I am adding \$10 to my dues. I will use the following 6-digit PIN number to have access to the room: (If you have already registered, you do not need to do so again)

_____ # (use pound sign as "enter" key)

DCBA Newsletter Delivery Preference: Mail Email Both

Mark below if your area of practice qualifies you for one of the following sections:

- In-House Counsel Government Lawyers Criminal Law
New Lawyers (in practice 5 years or less) Senior Attorneys (55+)

I would like more information regarding the following DCBA offerings:

- Pro Bono Opportunities Case Mediation Program Committee/Section Membership

Specify Committee/Section: _____

Please make remittance payable to:

DANE COUNTY BAR ASSOCIATION

P.O. Box 44008
Madison, WI 53744

- WHY NOT PAY BY FIRM CHECK? When more than one member's dues are paid by firm check, please return all dues notices (mark appropriate category on each one) covered by your firm's check.