



**RHODE ISLAND WOMEN'S BAR ASSOCIATION
MEMBERSHIP FORM**

Membership Year: August 2009 – July 2010

I would like to renew or initiate my membership in the Rhode Island Women's Bar Association and enclose my membership dues in the amount of \$50.00 (*students \$35.00*).

Name: _____

Employer: _____ Title: _____

Address: _____

Phone: _____ Email: _____

Are you a student? _____ *If yes:* Law school: _____ Graduation year: _____

Note: Member contact information will be included on the RI Women's Bar Association website unless member requests otherwise.

- Please do not include my contact information on the RIWBA website.

- I am interested in participating in a RI Women's Bar Association committee. Please contact me with more information.

Send membership form and check payable to "**RIWBA**" to:

Gina Renzulli, RIWBA Treasurer
c/o Higgins, Cavanagh & Cooney, LLP
123 Dyer Street, Providence, RI 02903

QUESTIONS: Contact gina@riwba.com