



MEMBERSHIP APPLICATION 2009

FIRM NAME: _____

ADDRESS: _____

TELEPHONE: _____ FACSIMILE: _____

NUMBER OF ATTORNEYS: FIRM-WIDE: _____ IN CHICAGO: _____

ADDITIONAL OFFICE LOCATIONS: _____

NAME OF FIRM'S WOMEN'S INITIATIVE: _____

DELEGATE / ALTERNATE DELEGATES: Each Coalition Member shall identify (i) one partner or associate or employee, preferably with direct responsibility for the firm's women's initiatives to serve as the Delegate; and (ii) up to two additional attorneys or employees to serve as the Alternate Delegate(s) in the event the Delegate is unable to serve.

NAME OF DELEGATE: _____ TITLE/POSITION: _____

TELEPHONE: _____ EMAIL ADDRESS: _____

ALTERNATE DELEGATE: _____ TITLE/POSITION: _____

TELEPHONE: _____ EMAIL ADDRESS: _____

ALTERNATE DELEGATE: _____ TITLE/POSITION: _____

TELEPHONE: _____ EMAIL ADDRESS: _____

PAYMENT INFORMATION: The Coalition Annual Membership Dues are based on the number of attorneys in the firm's Chicago office, according to the following scale: (i) 0-100 attorneys - \$1500/year; (ii) 100-300 attorneys - \$2500/year; (iii) +300 attorneys - \$3500/year.

Please return this application and payment to Marie A. Lona at Winston & Strawn LLP, 35 W. Wacker Dr., Chicago, IL 60601; Tel: 312-558-5692. Checks should be made payable to The Coalition of Women's Initiatives in Law Firms.

PAYMENT ENCLOSED IN THE AMOUNT OF \$ _____.