



WOMEN'S BAR ASSOCIATION OF MARYLAND, INC.

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MEMBERSHIP RENEWAL FORM

Please take the time to update your contact information for our files.

First Name:		Last Name:		Former Name(s):	
Bar Admission (State):			Date (Month-Date-Year):		
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Bar Admission (State):			Date (Month-Date-Year):		
Employer Name:					
Employer Address:					
City:		State:	Zip:	Telephone:	
Mailing Address: <i>If different from the address above, please provide the address you would like us to use for any mailings.</i>					
City:		State:		Zip:	
Date of Birth:		Cell Phone:		Fax:	
Primary Email:					
Secondary Email: <i>For use only if primary email fails.</i>					

I certify that I am currently a member in good standing of the Maryland Bar.

Signature

Date

9/21/2013