

**Santa Barbara Women Lawyers
2018 Group Membership Attachment**

I. Firm and Administrator Information

Administrator Contact: _____

Firm _____

Address: _____ City, State, Zip: _____

Telephone: _____ Fax: _____ Email: _____

II. Member Information

Member Name: _____

Email: _____

If different: Address: _____ City, State, Zip: _____

Telephone: _____ Fax: _____

PLEASE CHECK ALL THAT APPLY TO YOU	
Judge of a California Court of record	
Full-time member of a faculty or dean of a CA law school	
Member in good standing of the Bar of another state _____	
Law Student	
Law School graduate within prior three years	
Interested in Mentoring Circles offered by SBWL	

Member Name: _____

Email: _____

If different: Address: _____ City, State, Zip: _____

Telephone: _____ Fax: _____

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