



STATEMENT OF 2010 MEMBERSHIP DUES

DANE COUNTY BAR ASSOCIATION

Serving our Members. Serving our Community.

Please complete and return this form with **each membership** dues payment using the enclosed self-addressed return envelope:

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, 2007 | \$60 | _____ |
| Admitted to practice since January 1, 2007 | \$50 | _____ |
| First time member - never a member before | \$50 | _____ |
| Retired member | \$50 | _____ |

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)

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

- | | | |
|--|---|---------------------------------------|
| <input type="checkbox"/> In-House Counsel | <input type="checkbox"/> Government Lawyers | <input type="checkbox"/> Criminal Law |
| <input type="checkbox"/> New Lawyers (in practice 5 years or less) | <input type="checkbox"/> Senior Attorneys (55+) | |

Please make remittance payable to:
DANE COUNTY BAR ASSOCIATION
P.O. Box 44008
Madison, WI 53744-4008

- 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.