

Labor and Employment Law Section Affiliate Membership Application

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Name: _____ Attorney No. _____

Firm Name: _____

Office Address: _____

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Please check one:

Law Instructor: _____ (\$30) Law Student: _____ (\$20)

Authorized House Counsel: _____ (\$30)

I understand that all privileges accorded to members of the Section are accorded affiliates, except that affiliates may not advertise their status in any way, nor vote, or hold office in the Section or participate in the selection of Executive Council members or officers.

My resume of experience and qualification is enclosed. SIGNATURE: _____

DATE: _____

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Note: Membership in the Section will expire June 30. Dues may not be prorated.