



# Florida Workers' Advocates

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## APPLICATION FOR MEMBERSHIP

|          |      |        |
|----------|------|--------|
| Name:    |      |        |
| Phone:   | Fax: | Email: |
| Address: |      |        |

Please choose from the following levels of membership. Firm-level membership entitles every attorney and paralegal in the firm to membership in FWA. Individual-level membership entitles the person whose name and address is in the box above to FWA membership.

### FIRM-LEVEL MEMBERSHIP

|  |  |  |
|--|--|--|
| <input type="checkbox"/> Gold \$10,000   | <input type="checkbox"/> Silver \$ 5,000 | <input type="checkbox"/> Bronze \$ 2,500 |
| Firm Name:   |  |  |
| Member Names (Please list all attorneys/paralegals in your firm who are to be included in membership.) |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

### INDIVIDUAL-LEVEL MEMBERSHIP

|  |   |   |
|--|---|---|
| <input type="checkbox"/> Sustaining Member \$600 | <input type="checkbox"/> Young Lawyer* \$250 (*3 years or less in practice) | <input type="checkbox"/> Paralegal Member \$150 |
|--|---|---|

Please choose from the following methods of payment:

### PAYMENT BY CHECK

|   |   |  |  |
|---|---|--|--|
| <input type="checkbox"/> Firm Check   | <input type="checkbox"/> Personal Check | <input type="checkbox"/> Check No. _____ | <input type="checkbox"/> Amount \$ _____ |
| Please Make Checks Payable to: <b>Florida Workers' Advocates</b> and mail to the address above. |   |  |  |

### PAYMENT BY CREDIT CARD

|  |  |            |
|--|--|------------|
| Credit Card: <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express | <input type="checkbox"/> Amount \$ _____ |            |
| Card # _____   | Expiration Date: _____                   |            |
| Name on Card: _____  |  |            |
| Statement Address: _____   |  |            |
| City: _____  | State: _____                             | Zip: _____ |
| <input type="checkbox"/> Annual <input type="checkbox"/> Quarterly <input type="checkbox"/> Monthly (Please choose one)  |  |            |
| Signature: _____   | Date: _____                              |            |

Referred by:

(Rev. 9-1-08)