



Association of Women Attorneys  
of Lake County  
2015-2016 Membership  
Application/Renewal

Dues: \$50.00 annually

Please send your completed membership application/renewal form,  
along with a check for \$50.00 made payable to AWALC, to:

AWALC  
PO Box 262  
Waukegan, IL 60079

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Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Fax: \_\_\_\_\_

Area(s) of Practice: \_\_\_\_\_

**How would you prefer to receive notices and announcements from the  
Association of Women Attorneys of Lake County? (Please check one):**

\_\_\_\_\_ E-mail

\_\_\_\_\_ Snail mail

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Please email any questions to [emailawalc@gmail.com](mailto:emailawalc@gmail.com).