



# Association of Women Attorneys of Lake County

Application/ Renewal

Dues: \$50.00 annually

Please send your completed membership application/renewal form,  
to: [emailawalc@gmail.com](mailto:emailawalc@gmail.com). Upon receipt, you will be provided  
information on where to direct your payment.

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

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

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

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

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

ARDC # \_\_\_\_\_

To be a member of AWALC you must be a licensed attorney. I am a licensed attorney

yes    no

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