



## Friends Application

### COLUMBIAN LAWYERS ASSOCIATION

MEMBERSHIP / FRIENDS COMMITTEE  
8 East 69<sup>th</sup> Street  
New York, NY 10021  
(212) 502-0114



*I wish to join the Friends of Columbian Lawyers Association.*

Name: \_\_\_\_\_ Send Mail to:  Office  Home

Title: \_\_\_\_\_

Company Contact Information: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

Home Contact Information: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

I would be interested in participating in a Committee  Yes  No      Type of Committee: \_\_\_\_\_

#### Annual Fee Schedule (Please remit payment with your Application)

\$150.00 - Friends of Columbian Lawyers\*

*\* I understand that joining the Friends of Columbian Lawyers entitles me to receive the Association Monthly Newsletter, and to receive Member Discount at Monthly CLE Dinner and other programs.*

Sponsor: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_

Please mail this form along with your check payable to: **Columbian Lawyers Association**  
**Membership / Friends Committee**  
**Columbian Lawyers Association**  
**8 East 69<sup>th</sup> Street**  
**New York, NY 10021**

#### For Office Use Only

Membership / Friends Committee Action: \_\_\_\_\_

Dated: \_\_\_\_\_ Membership / Friends Committee: \_\_\_\_\_