**ABAW 2024 Membership Form**

**Firm/Company Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

*Complete the following fields and email membership@abaw.org for invoice.*

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|  | **Name** | **Email** | **Phone** | **Law School** | **Year of Graduation** | **Please Select One:** | | |
| **New Member** | **Renewing Member** | **Already renewed / paid for 2024** |
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