

OHIO EMPLOYMENT LAWYERS ASSOCIATION

ADVOCATES FOR EMPLOYEE RIGHTS

MEMBERSHIP APPLICATION

NAME: _____

FIRM OR EMPLOYER NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE (with area code): _____ FAX (with area code): _____

E-MAIL ADDRESS: _____ WEBSITE: _____

YEAR ADMITTED: _____

PLEASE SELECT THE APPROPRIATE MEMBERSHIP CATEGORY:

- Law Student (\$25.00)
- Paraprofessional (\$50.00)
- New Attorney, 0 to 5 years in practice (\$75.00)
- Government or non-profit/public interest attorney* (\$75.00)
- Attorney, 5+ years in practice (\$120.00)

* Must be employed full-time by a local, state, or federal government agency; a Legal Aid Society; or non-profit legal assistance program. This position must be the only source of earned income.

LOCAL CHAPTER: If you choose to join a local chapter, part of your dues will be sent to the local chapter to cover your membership.

Yes, I want to join a local chapter.

If yes, check the appropriate Chapter:

Akron

Cincinnati/Dayton

Cleveland

Columbus

Toledo

No, I do not want to join a local chapter.

I hereby certify that at least 70 percent of my employment-related legal representation is on behalf of employees.

Signature: _____ Date: _____

**Please send your completed application and appropriate payment (checks can be made out to "Ohio Employment Lawyers Association") to:

Sheila Smith
3345 Legendary Trails Dr.
Cincinnati, OH 45245

**If you have any questions, contact Sheila at (513) 218-2569 or at ssmith@fmr.law