



MEMBERSHIP / RENEWAL FORM

All prospective and renewing members of AzELA are required to complete this registration form. Indicate any changes; Membership runs from February 1st - January 31st.

Please select: **NEW MEMBERSHIP** **RENEWAL** **CONVENTION ONLY***

*Convention Fee is waived for speakers at the 2016 Convention

SECTION 1: MEMBER CONTACT INFORMATION

NAME			
FIRM			
FIRM WEBSITE		TELEPHONE	
ADDRESS			
EMAIL		LEGISLATIVE DISTRICT	

SECTION 2: MEMBERSHIP TYPE AND PAYMENT DETAILS

FEE TYPE	DESCRIPTION	APPLICABLE FEES	Please Check
CONVENTION FEE*	Yes, I plan to attend the 2016 AZELA Convention	\$30	
REGULAR	Regular Annual Membership	\$150	
PUBLIC AGENCY	Public Agency Annual Membership	\$75	
LAW STUDENT	Law Student Annual Membership	\$30	
NON-PROFIT	Non-Profit Membership	\$30	
CONVENTION FEE	Registration Fee for Convention only (non-member)	\$175	
AMOUNT DUE:			

**The 2016 AzELA Convention is February 19, 2016
 Francisco Grande Hotel & Golf Resort
 12684 W Gila Bend Highway ~ Casa Grande AZ 85193**

Please send this form plus your check made payable to AzELA to:

**Michelle Matheson, Treasurer
 Arizona Employment Lawyers Association
 15300 N. 90th St., Ste. 550
 Scottsdale, AZ 85260-2771**

SECTION 3: MEMBER INFORMATION

Do you want to subscribe to the AzELA listserv? Yes or No

The email provided in section 1 will be used unless otherwise specified here:

Are you willing to accept at least one case assignment this year from Legal Aid of Arizona? Yes No

Please indicate if you would be willing to **serve on a committee:** Yes Not at this time

Is there a specific committee you would like to serve on? _____

Convention Legislative Amicus Website Public Outreach Membership

SECTION 4: PRACTICE AREA INFORMATION

Please indicate your practice area(s) in up to six (6) categories by marking an "x" on the boxes corresponding to your focus(es)/interest(s) below:

<input type="checkbox"/> Credentialing Issues (for medical professionals) <input type="checkbox"/> Defamation and Privacy <input type="checkbox"/> Discrimination and Harassment (e.g., race, color, national origin, sex/gender, religion, age, disability, military duty, retaliation) <input type="checkbox"/> Education Law and Representations in a School Setting (including teachers, support staff, administrators, and professors) <input type="checkbox"/> Employee Benefits and Pensions, ERISA, and Short- and Long-Term Disability <input type="checkbox"/> Employment Contracts, Restrictive Covenants, and Severance Agreements	<input type="checkbox"/> Employment-Related Tax Issues (including tax consequences of settlement agreements) <input type="checkbox"/> Family and Medical Leave Act (FMLA) <input type="checkbox"/> Federal Employees (including MSPB and EEO cases) <input type="checkbox"/> Labor Law <input type="checkbox"/> Licensure Issues (<i>indicate subcategory</i>) <ul style="list-style-type: none"> <input type="checkbox"/> Health Care (Doctors, Nurses) <input type="checkbox"/> Accountants <input type="checkbox"/> Teachers <input type="checkbox"/> Law Enforcement <input type="checkbox"/> Other 	<input type="checkbox"/> Non-Federal Public Employees (including state, county, and municipal employees) <input type="checkbox"/> Occupational Safety <input type="checkbox"/> Section 1983 <input type="checkbox"/> Social Security Disability <input type="checkbox"/> Tribal Employees <input type="checkbox"/> Wage and Hour (minimum wage, overtime, nonpayment-of-wages claims) <input type="checkbox"/> Whistleblower <ul style="list-style-type: none"> <input type="checkbox"/> False Claims/<i>qui tam</i> <input type="checkbox"/> Workers' Compensation <input type="checkbox"/> Wrongful Termination
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Your signature below certifies that at least 50% of the employment matters you handle are on behalf of the employee.

Signature: _____

Date: _____