



**2019
MEMBERSHIP / RENEWAL FORM**

Membership in AzELA is limited to Lawyers and Associate Members who primarily represent employees or their interests. All prospective and renewing members of AzELA are required to complete this registration form. Membership runs from February 1st - January 31st.

Please select: **NEW MEMBERSHIP** **RENEWAL**

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 AzELA Convention *Fee is waived for speakers	\$50	
REGULAR	Regular Annual Membership	\$150	
PUBLIC AGENCY	Public Agency Annual Membership	\$75	
LAW STUDENT	Law Student Annual Membership	\$ 0	
NON-PROFIT	Non-Profit Membership	\$40	
CONTRIBUTION	Voluntary Contribution to Frank Fanning Scholarship Fund		
TOTAL AMOUNT DUE:			

**The 2019 AzELA Convention is February 22, 2019
Wild Horse Pass Hotel & Casino
5040 Wild Horse Pass Blvd. Chandler, AZ 85226**

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

**Christopher R. Houk, Treasurer
Gillespie, Shields, Durrant & Goldfarb
7319 North 16th Street
Phoenix, AZ 85020**

SECTION 3: MEMBER INFORMATION

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

The information on the listserve is confidential and only to be shared with others on the listserv. Do you agree to keep the information confidential? Yes or No

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 Public Outreach Membership Other _____

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) and/or AZ Paid Sick Time <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: _____