



**2019
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**

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 <input type="checkbox"/> Check here for Vegetarian Option	\$40	
REGULAR	Regular Annual Membership	\$150	
PUBLIC AGENCY	Public Agency Annual Membership	\$75	
LAW STUDENT	Law Student Annual Membership	\$40	
NON-PROFIT	Non-Profit Membership	\$40	
CONTRIBUTION	Voluntary Contribution to Frank Fanning Scholarship Fund		
TOTAL AMOUNT DUE:			

**The 2019 AzELA Convention is February 23, 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
Houk Law Firm PLLC
1050 East Southern Ave. Suite A-3
Tempe, AZ 85282**

SECTION 3: MEMBER INFORMATION

<p>Do you want to subscribe to the AzELA listserv? Yes <input type="checkbox"/> or No <input type="checkbox"/></p>
<p>Are you willing to accept at least one case assignment this year from Legal Aid of Arizona? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>Please indicate if you would be willing to serve on a committee: <input type="checkbox"/> Yes <input type="checkbox"/> Not at this time</p> <p>Is there a specific committee you would like to serve on? <input type="checkbox"/> Convention <input type="checkbox"/> Legislative</p> <p><input type="checkbox"/> Amicus <input type="checkbox"/> Public Outreach <input type="checkbox"/> Membership <input type="checkbox"/> Other _____</p>

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: _____