

2019 – 2020 MEMBERSHIP APPLICATION
(September 2019 - August 2020)

Please return this completed form and check to: David I. Brody, Esq., MELA Treasurer
 Sherin and Lodgen, LLP
 101 Federal Street
 Boston, MA 02110

You **must** answer “Yes” to either question 1 or 2 to be eligible for MELA membership. You must complete both pages of this application. Incomplete applications will not be processed.

1. ____ At least 67% or more of my employment practice AND 50% of my firm’s employment practice consists of representation of plaintiffs/employees.

2. ____ The criteria in the statement above does not apply to me, but I subscribe to MELA’s purpose of advancing the rights of individual employees in the Commonwealth of Massachusetts and certify that my work does not involve legal representation on behalf of management.

I would like to join/re-join MELA. Enclosed please find a **check payable to MELA** for:

Membership Type – Check Applicable Box(es)	Dues	Amt. Encl.
<input type="checkbox"/> Law Students (law student members do not have access to MELA microsite)	\$ 25.00	
<input type="checkbox"/> Special Introductory Rate (New, first-time members only)	\$ 95.00	
<input type="checkbox"/> Legal Services Practitioners	\$ 95.00	
<input type="checkbox"/> Lawyers in Practice Under 5 Years OR Solo Practitioners in First 2 Years as Solo	\$145.00	
<input type="checkbox"/> Lawyers in Practice Over 5 Years	\$215.00	
<input type="checkbox"/> I would like to Sponsor a New Member . Please send notice of my sponsorship and an application to: Name: _____ Email: _____	\$ 95.00	
<input type="checkbox"/> I would like to make a Voluntary Contribution*** of \$ _____		\$50.00 (voluntary)
Total Amount Enclosed		\$ _____

If you are experiencing financial hardship and would like to be considered for reduced membership rates, please contact Treasurer, David Brody, at dibrody@sherin.com.

*** Roughly 90% of MELA's dues support its lobbying efforts. Any voluntary contributions will help MELA continue funding these efforts. Unless otherwise indicated, any voluntary contributions will be treated as donations to be used towards lobbying.

Please complete the section below with your contact information.

NAME: _____

FIRM: _____

STREET: _____ CITY: _____ STATE: _____ ZIP: _____

TELEPHONE: _____ FAX: _____

E-MAIL: _____

WEBSITE: _____

All of the statements in this application are true and correct to the best of my knowledge.

SIGNATURE OF APPLICANT

DATE

NOTICE: As a reminder to members, access to and use of the MELA microsite resources, including document libraries and the discussion group, are subject to the Terms of Service as posted on the microsite. By using the microsite, you agree to abide by the microsite Terms of Service. <http://exchange.nela.org/massnela/termsofservice>

Failure to complete this form in its entirety, including signature and date, may result in a rejection of the membership application.

Information on joining National NELA can be found at www.nela.org