WPELA
Western Pennsylvania Employment Lawyers Association

MEMBERSHIP APPLICATION

Name: _____

Firm: _____

Address: _____

City/State/Zip: _____

Phone/Fax _____/_____

E-Mail: _____

Web Site: _____

NELA Member: Yes / No

- I wish to join the Western Pennsylvania Employment Lawyers Association ("WPELA"), an affiliate of the National Employment Lawyers Association ("NELA").
- I certify that 51% or more of my employment-related legal representation is on behalf of employees.
- I agree to pay membership dues in the amount of $50.00 per year, and enclose my first dues check payable to the "Western Pennsylvania Employment Lawyers Association" with this application.
- I agree to regularly participate in meetings and initiatives of WPELA, and further agree to make contributions to the WPELA Brief Bank.
- I will maintain the confidentiality of discussions at WPELA meetings and of messages on the WPELA Listserv.

_____
Signed

_____
Date

Return this Application with your membership dues to the Affiliate Secretary and Treasurer. For 2015, the Affiliate Secretary and Treasurer is Colleen Ramage Johnston, Esq., Rothman Gordon, 310 Grant Street, Grant Building, 3rd Floor, Pittsburgh, PA 15219. You will receive an email confirming receipt of your application and dues.