SEMINOLE COUNTY YOUNG LAWYERS DIVISION

Membership Application and Preference Form
2011-2012

You are invited to join SCYLD today. Many exciting activities and programs are planned for the 2011-2012 year, and we look forward to your participation!

MEMBERSHIP TYPE: _____ Attorney _____ Student

NAME: _____

MAILING ADDRESS: _____

_____

FIRM NAME: _____

WORK PHONE: _____

EMAIL ADDRESS: _____

LAW SCHOOL GRADUATION DATE: _____

I am willing to help with the following SCYLD Committees and Projects (please place an X by any area you are interested in)

____ Community Service Projects
____ Academic Awards Ceremonies
____ AOC Project Committee
____ Social Committee
____ Justice Teaching Committee
____ CLE Committee
____ Membership Committee

In consideration of my participation with SCYLD, I hereby agree to release, absolve, indemnify, and hold harmless SCYLD, it's officers, and board members for any loss, injury, damages, and / or liability of any nature resulting from my participation in the organization's activities.

_____ _____
SIGNATURE DATE

Please provide a check payable to the Seminole County Young Lawyers Division for $10 with your completed application to: SEMINOLE COUNTY YOUNG LAWYER'S DIVISION, P.O. Box 950102, Lake Mary, FL 32795. You also may pay by submitting a payment via PayPal to members@scyld.org. Make sure to fill out and return this membership form via email to members@scyld.org if you are paying via PayPal.