Attorneys Serving the Community

*benefiting* **Crossroads Community Services**

 **MEMBERSHIP REGISTRATION**

**2023-2024**

**ASC welcomes all women attorneys (whether or not currently practicing), judges, and law students as members.**

|  |  |
| --- | --- |
| **Return this form to:** Megan McKennonKatten Muchin Rosenman LLP 2121 North Pearl Street, Suite 1100Dallas, TX 75201ASCDallasMembership@gmail.com | **Contact Membership Committee Chairs with questions:** Jeanne Selzer: (817) 721-3731 or jeanneselzer@gmail.comMegan McKennon: (214) 765-3614 or megan.mckennon@katten.com Follow ASC on LinkedIn, Facebook, and Instagram |

**Member Name:**

(exactly as it should be listed in the luncheon program)

**Firm/Company/Court/Law School:**

(exactly as it should be listed in the luncheon program)

**Work Address:** **Home Address:**

 **Phone:**

**Phone:** **Mobile:**

**E-Mail:**

**Briefly describe your practice:**

**Membership Level:** *(Please check one. Remember that your contribution is tax deductible.)*

\_\_\_ Leadership Gold ($500.00)

\_\_\_ General ($75.00)\_\_\_ Leadership ($250.00)

\_\_\_ Judge ($50.00) \_\_\_ Sustaining ($150.00)

\_\_\_ Student ($35.00)

\_\_\_ Returning Member \_\_\_ New Member: How did you hear about ASC? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Payment:**

\_\_\_ My check (# \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) is attached. (Make check payable to Crossroads Community Services **— NOT to ASC. Please note “ASC Membership” in the comment area of the check.)**

\_\_\_ I authorize payment now by (please circle one) MasterCard Visa American Express

 Card Number: Code: Expires:

 Signature: Billing Zip Code:

 \_\_\_ I paid my dues on North Texas Giving Day on September 21, 2023 (submit this form and a copy of your receipt)

By returning this Membership Registration Form to ASC, you agree that your name, address, e-mail and telephone number may be provided to current or past ASC beneficiaries and to others for ASC purposes. Any concerns about the use of this information should be addressed to the Membership Chairs.

**E-Mail:** *(please check if applicable)*\_\_\_ I do **not** want to be added to the beneficiary’s e-mail list.