

WSBA 2014–2015 Board and Council Application Form For Community Representatives

The Washington State Bar Association seeks members of the public to serve on the boards listed below. **Applications must be received at the WSBA offices by Friday, March 21, 2014.** Terms begin October 1, 2014, unless indicated otherwise below. Appointment letters for current openings will be sent in late summer. If you have questions, please email barleaders@wsba.org.

Please mail or email (PDF or Word document) this application and your résumé or C.V. to:

Washington State Bar Association Communications Department 1325 Fourth Ave., Ste. 600 Seattle, WA 98101

Email: barleaders@wsba.org

Step 1:	Provide your name and your area(s) of interest.							
Your na	me (print) City of residence							
(Signatu	rre)							
I am inte	erested in serving on (check as many as apply):							
	Character & Fitness Board – three-year term Council on Public Defense –one-year term Disciplinary Board – three-year term (2 openings) Lawyers' Fund for Client Protection Board – three-year term Limited License Legal Technician Board – three-year term Limited Practice Board – three-year term (term begins Jan. 1, 2015) Practice of Law Board – three-year term Other openings that may occur during the year ou will not be appointed to more than one board without your permission. Describe why you would like to serve, and any relevant skill(s) or experience including prior service of BA board or council.							

Step 3: Provide demographic information.

The WSBA promotes diversity, equality, and cultural competence in the courts, legal profession, and the bar. Please check one box in each section. If you prefer not to answer any question, please check "I choose not to respond."

Ethnicity	□ Asian□ Black/A□ Caucasi	 □ American Indian/Alaskan Native □ Asian □ Black/African descent □ Caucasian □ Hispanic/Latina/o 				 □ Multi-racial □ Pacific Islander □ Not listed □ I choose not to respond 		
Gender	□ Male	□ Female	□ Transgender	□ Not listed	□ I cho	ose not to respond		
Disability	□ Yes	□ No	□ I choose not t	to respond				
Sexual Orientation Do you openly identify as a sexual minority, to include the following: gay, le bisexual, transgender? □ Yes □ No □ I choose not to respond								
Employer						☐ I choose not to respond		
Profession						☐ I choose not to respond		
Optional: How did you learn about this opportunity for service? (Check all that apply.)	□ WSBA staff □ Social Media □ WSBA member or (Facebook, website board member Twitter, etc.) □ Other				□ Colleague or friend			
Step 4: Attach a résumé or	<i>C.V.</i>							
Step 5: Provide contact info	ormation (ple	ase print).						
Your name:								
Home address:								
Telephone:								
Email:								

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