

Will County
Women's Bar Association

2026-2027 MEMBERSHIP/RENEWAL APPLICATION

****Please print neatly or type & complete all areas ****

Attorney Name: _____

Firm Name: _____

Total Number of Attorneys in your firm/office, including you: _____

Office Address: _____
CITY STATE ZIP CODE

Office Phone: _____ **Email Address:** _____

Date admitted to practice in IL: _____ **ARDC #:** _____

Private Practice Attorneys: Total dues are **\$125.00**

FULL TIME Government Attorneys: Total dues are **\$75.00**

Payment via check payable to: Will County Women's Bar Association
Dues must accompany application and cover membership through **SEPTEMBER 2027**.

The undersigned hereby applies for membership in the Will County Bar Association and agrees to abide by the WCWBA's Constitution and By-Laws during membership period.

Applicant: _____ **Date:** _____

SCAN QR CODE TO PAY DUES OR PROVIDE CREDIT CARD NUMBER.

*****ALL CREDIT CARD PAYMENTS HAVE A TRANSACTION FEE.*****

CHECK/CASH/QR CODE/MANUAL CREDIT CARD
(CIRCLE ONE)

Amount Paid \$ _____



*****MUST PROVIDE THE BELOW INFORMATION IF YOU ARE NOT PAYING VIA QR CODE*****

Check No. _____ **OR Card #:** _____

Expiration Date: _____ **3 Digit Code:** _____ **Name on Credit Card:** _____

Billing Address & Zip Code: _____

Receipt Requested: YES/NO (CIRCLE ONE)

Will County Women's Bar Association
167 N. OTTAWA STREET, SUITE 101, JOLIET, IL 60432