

## Project for Attorney Retention

# Membership Program

YES, my firm/department would like to become a member of the Project for Attorney Retention.

(Type into form and print for mailing).

Firm/Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

Name of Contact Person: \_\_\_\_\_

Direct Phone Number for Contact Person: \_\_\_\_\_

Email for Contact Person: \_\_\_\_\_

Website of Firm/Company: \_\_\_\_\_

Please indicate level of membership:      Regular                      Sustaining

Please make checks payable to UC Hastings College of the Law.

Please mail completed forms to:

WorkLife Law/PAR, UC Hastings College of the Law, 200 McAllister Street, San Francisco, CA  
94102