



APPLICATION

Name: _____

Firm/Employer: _____

Address: _____

Phone: _____ Email Address: _____

Years in Practice: 1-5 6-10 11-15 16-20 21-25 26+

List practice areas: _____

What do you hope to gain from participating in a Power Circle?

Business advice Find a mentor Be a mentor Other: _____

When would you be interested in meeting? Breakfast Lunch Dinner

What day of the week works best for you to meet? Mon. Tues. Wed. Thurs. Fri.

Where would you be interested in meeting? We will make every effort to match you with a group that meets at your preferred time, date and location, however, we cannot guarantee that we will be able to accomodate all preferences.

Downtown North South East West

Would you be willing to host a meeting at your office? Yes No

Would you be willing to serve as a group leader? (The group leader is responsible for scheduling meetings, sending meeting reminders, and communicating with the CBA)

Yes No

Notes (Please let us know if there's anything else we need to consider when assigning you to a group):

Please email your application to Donna Sweet at donna@cbalaw.org.