

## **ELDER LAW SECTION COMMITTEE SIGN UP**

Please complete and return this form to the Florida Bar Elder Law Section at  
Fax (850) 561-5825 or [acolman@flabar.org](mailto:acolman@flabar.org).

Name: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ FL Bar No. \_\_\_\_\_

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

City, State & Zip: \_\_\_\_\_

Main Practice Area(s): \_\_\_\_\_

**Please check the committee(s) on which you are interested in serving:** *(Many committees have subcommittees dedicated to specific issues within these topic areas.)*

- |   |   |
|---|---|
| <input type="checkbox"/> Medicaid & Government Benefits                         | <input type="checkbox"/> Membership                       |
| <input type="checkbox"/> <i>The Advocate</i> (Section Magazine)/Editorial Board | <input type="checkbox"/> Law School Liaison               |
| <input type="checkbox"/> Ethics   | <input type="checkbox"/> CLE                              |
| <input type="checkbox"/> Special Needs Trusts                                   | <input type="checkbox"/> Name Change Special Committee    |
| <input type="checkbox"/> Guardianship   | <input type="checkbox"/> Legislative                      |
| <input type="checkbox"/> Abuse Neglect & Exploitation                           | <input type="checkbox"/> Probate & Estate Planning        |
| <input type="checkbox"/> Death Care Industry                                    | <input type="checkbox"/> Mentoring                        |
| <input type="checkbox"/> Website/Technology                                     | <input type="checkbox"/> Budget                           |
| <input type="checkbox"/> Financial Products                                     | <input type="checkbox"/> Unlicensed Practice of Law (UPL) |
| <input type="checkbox"/> Resident's Rights                                      | <input type="checkbox"/> Other _____                      |
| <input type="checkbox"/> Social Security & Disability Law                       | <input type="checkbox"/> Other _____                      |

(Optional) I was asked to join/participate in this committee by  
\_\_\_\_\_.

(Optional) I have approximately \_\_\_\_\_ hours per month I can dedicate to committee work.

(Optional) I \_\_\_ am \_\_\_ am not able to travel for committee work.

(Optional) I \_\_\_ am \_\_\_ am not interested in a leadership position.

(Optional) I \_\_\_ am \_\_\_ am not interested in receiving CLE for committee participation.

(Optional) I attended \_\_\_\_\_ law school.