

**ELDER LAW SECTION COMMITTEE SIGN UP**

**Please complete and return this form to:**

The Florida Bar Elder Law Section  
Attn: Chris Hargrett  
651 East Jefferson Street  
Tallahassee, Florida 32399-2300  
Fax: (850) 561-5825  
Email: [chargrett@floridabar.org](mailto:chargrett@floridabar.org)

**Name:** \_\_\_\_\_ **Bar #:** \_\_\_\_\_

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

**City, State, Zip:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Main Practice:** \_\_\_\_\_

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

- | <u>Administrative Division</u>                      | <u>Substantive Division</u>                            | <u>Special Committees</u>                           |
|---|--|---|
| <input type="checkbox"/> Continuing Legal Education | <input type="checkbox"/> Abuse, Neglect & Exploitation | <input type="checkbox"/> Certification              |
| <input type="checkbox"/> Budget                     | <input type="checkbox"/> Estate Planning               | <input type="checkbox"/> Financial Products         |
| <input type="checkbox"/> Membership                 | <input type="checkbox"/> Ethics                        | <input type="checkbox"/> Law School Liaison         |
| <input type="checkbox"/> Mentoring                  | <input type="checkbox"/> Guardianship                  | <input type="checkbox"/> Sponsorship                |
| <input type="checkbox"/> Publications (Newsletter)  | <input type="checkbox"/> Legislative                   | <input type="checkbox"/> Unlicensed Practice of Law |
|   | <input type="checkbox"/> Medicaid/Government Benefits  | <input type="checkbox"/> Website                    |
|   | <input type="checkbox"/> Special Needs Trust           | <input type="checkbox"/> Other: _____               |
|   | <input type="checkbox"/> Veterans (VA) Benefits        | <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.