

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

Please complete and return this form to the Florida Bar Elder Law Section at  
Fax (850) 561-5825.

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

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

Telephone Number: \_\_\_\_\_

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

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

Practice Area: \_\_\_\_\_

**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"/> Newsletter	<input type="checkbox"/> Law School Liaison
<input type="checkbox"/> Ethics	<input type="checkbox"/> CLE Committee
<input type="checkbox"/> Special Needs Trusts	<input type="checkbox"/> Litigation
<input type="checkbox"/> Guardianship	<input type="checkbox"/> Legislative
<input type="checkbox"/> Abuse Neglect & Exploitation	<input type="checkbox"/> Estate Planning & Advance Directives
<input type="checkbox"/> Death Care Industry	<input type="checkbox"/> Mentoring
<input type="checkbox"/> Tax	<input type="checkbox"/> Sponsorship & Development
<input type="checkbox"/> Financial Products	<input type="checkbox"/> Unlicensed Practice of Law (UPL)
<input type="checkbox"/> Resident's Rights	<input type="checkbox"/> Probate
<input type="checkbox"/> Disability Law	<input type="checkbox"/> Other

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

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

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

\_\_\_\_\_.

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

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