

W. HAROLD FLOWERS  
LAW SOCIETY  
2025 MEMBERSHIP DUES

DATE \_\_\_\_\_

BAR NUMBER: \_\_\_\_\_

NAME \_\_\_\_\_

BUSINESS NAME \_\_\_\_\_

PRACTICE AREAS \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE \_\_\_\_\_ FAX \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_

LAW STUDENT EXPECTED GRADUATION DATE: \_\_\_\_\_

CURRENT MEMBER OF WHFLS? YES  NO

**AMOUNT SUBMITTED FOR DUES:** \_\_\_\_\_

*Optional contribution to the WHFLS*

\*Educational Assistance Fund: \_\_\_\_\_

**TOTAL SUBMITTED:** \_\_\_\_\_

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**2025 ANNUAL FEE AMOUNTS**

Attorneys licensed for less than 5 years (after January 1, 2020)	\$50.00
Attorneys licensed for 5 years or more (before January 1, 2020)	\$100.00
First year of practice	no charge
Law students (please provide expected graduation date)	no charge

**Make Payments**

**Online**

[www.whflawsociety.org/membership](http://www.whflawsociety.org/membership)

\*additional charges apply

**Money Order & Checks**

PO. Box 165033, Little Rock AR 72216

Attn: Treasurer

P.O. Box 165033, Little Rock, AR 72216 [whf@whflawsociety.org](mailto:whf@whflawsociety.org)

[www.whflawsociety.org](http://www.whflawsociety.org)

