



# NEW YORK STATE BAR ASSOCIATION

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## **Mentorship Request Form**

Please consider me for the Mentorship Initiative of the Elder Law & Special Needs Section. I am a member in good standing of the Section and have been in the practice of Elder Law for 5 years or fewer.

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

Law firm, agency or  
organization and size  
of practice: \_\_\_\_\_

Address (include County): \_\_\_\_\_

Phone number: \_\_\_\_\_

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

College, Law School(s)  
attended and years of  
graduation: \_\_\_\_\_

Description of practice  
specialties within  
Elder Law \_\_\_\_\_

Personal information/ \_\_\_\_\_

Outside interests \_\_\_\_\_

Section Committees in  
which you are active or  
joining? \_\_\_\_\_

Section Meetings attended  
since 2016 \_\_\_\_\_

Section Meeting you plan to  
attend in 2018 \_\_\_\_\_

Would you be interested in  
Joining a Study Group? \_\_\_\_\_

Please return this form by **January 31, 2018** to Richard A. Weinblatt ([raw@hwclaw.com](mailto:raw@hwclaw.com)). Any requests received after this date cannot be guaranteed a mentor.