

NEW ROCHELLE BAR ASSOCIATION

APPLICATION



_____ New member

_____ Renewal (ONLY complete name and any information that has changed)

I hereby apply for membership/renewal in the Association. I agree, if elected, to be bound by its Constitution and By-laws. I consent to the listing of my name in an Association Directory available to other Association members. If a member's name is stricken from the rolls for non-payment of dues for any subsequent year, then an application for reinstatement as a member thereafter will be required and approved before reinstatement.

ANNUAL DUES FOR THE CALENDAR YEAR ARE AS FOLLOWS:

_____ Active Membership (attorneys only)..... \$100.00
_____ Associate Membership (non-attorney) \$100.00
_____ Law Student Membership \$ 10.00

Voluntary Contribution to NRBA Scholarship Fund \$ _____

TOTAL ENCLOSED: \$ _____

PLEASE print legibly or type the following information (renewing members should complete name only or name and any changes only):

NAME: _____

FIRM: _____

ADDRESS: _____ SUITE: _____

CITY/STATE/ZIP: _____

PHONE: _____ FAX: _____

E-MAIL: _____

HOME ADDRESS: _____

CITY/STATE/ZIP: _____

LAW SCHOOL ATTENDED: _____ YEAR OF DEGREE: _____

YEAR(S) ADMITTED TO PRACTICE: _____ DEPARTMENT: _____

STATE(S) OF ADMISSION: _____

IF APPLYING FOR ASSOCIATE MEMBERSHIP:

OCCUPATION: _____

IF APPLYING FOR STUDENT MEMBERSHIP:

LAW SCHOOL AND EXPECTED GRADUATION DATE: _____

PLEASE CONTINUE AND FILL OUT PAGE 2 OF THIS APPLICATION

_____ YES, I would like to volunteer to serve as a Small Claims Arbitrator in New Rochelle City Court.

_____ YES, I would like to volunteer to teach in the *Lawyer in the Classroom* Program.

PLEASE CHOOSE UP TO THREE AREAS OF CONCENTRATION TO BE LISTED IN OUR MEMBERSHIP DIRECTORY (if there is no change from last year, leave blank; otherwise, draw a ~ line through the entire old Area and place an "x" in the box of the new Area(s)):

- | | | |
|--|--|---|
| <input type="checkbox"/> Administrative Law | <input type="checkbox"/> Employment/Labor | <input type="checkbox"/> Mental Health |
| <input type="checkbox"/> Adoption | <input type="checkbox"/> Entertainment/Theater | <input type="checkbox"/> Mortgage Broker |
| <input type="checkbox"/> Appeals | <input type="checkbox"/> Environmental | <input type="checkbox"/> Municipal |
| <input type="checkbox"/> Arbitration | <input type="checkbox"/> Family/Matrimonial | <input type="checkbox"/> Negligence/Torts |
| <input type="checkbox"/> Banking/Finance/Investment | <input type="checkbox"/> Government | <input type="checkbox"/> Non-Profit Organizations |
| <input type="checkbox"/> Bankruptcy | <input type="checkbox"/> Health Law | <input type="checkbox"/> Personal Injury |
| <input type="checkbox"/> Civil Rights/Discrimination | <input type="checkbox"/> Immigration | <input type="checkbox"/> Public Interest |
| <input type="checkbox"/> Constitutional Law | <input type="checkbox"/> Insurance | <input type="checkbox"/> Real Estate |
| <input type="checkbox"/> Copyright/Patent/Trademark | <input type="checkbox"/> Judiciary | <input type="checkbox"/> Tax |
| <input type="checkbox"/> Corporate/Commercial | <input type="checkbox"/> Landlord/Tenant | <input type="checkbox"/> Title Insurance |
| <input type="checkbox"/> Criminal | <input type="checkbox"/> Litigation | <input type="checkbox"/> Wills/Estates/Trusts |
| <input type="checkbox"/> Education | <input type="checkbox"/> Mediation | <input type="checkbox"/> Worker's Compensation |
| <input type="checkbox"/> Elder Law/Guardianship | <input type="checkbox"/> Medical Malpractice | <input type="checkbox"/> Zoning/Land Use |
| | | <input type="checkbox"/> Other: _____ |

FOREIGN LANGUAGE(S) SPOKEN: _____

How Did You Learn of Our Association? _____

I HEREBY AFFIRM THAT THE INFORMATION ABOVE IS TRUE AND ACCURATE.

Date: _____ Signature of applicant: _____

NOTE: *The Association is committed to reducing paper use and saving the environment. We will send most notices to our members by email or by using our website [www.nrbar.org]. You should check these for notices. Occasionally, however, we will send notices by hard copy. Please tell us where you want to receive hard copies of notices: Office: _____ or Home: _____*

PLEASE MAKE YOUR CHECK PAYABLE TO "NEW ROCHELLE BAR ASSOCIATION" AND MAIL IT TO: NEW ROCHELLE BAR ASSOCIATION
P.O. Box 1863
NEW ROCHELLE, NY 10802

Or you may pay by PAYPAL. Log onto our website [www.nrbar.org] and click "Pay Dues Online"

[For Association Use Only]

APPROVED BY BOARD OF DIRECTORS: _____ / _____ / 20_____



Treasurer