

# NEW ROCHELLE BAR ASSOCIATION

## APPLICATION-2017



\_\_\_\_\_ 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 require the payment of back dues to the date of 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.

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](http://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](http://www.nrbar.org) ] and click "Pay Dues Online"

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[For Association Use Only]

APPROVED BY BOARD OF DIRECTORS: \_\_\_\_\_ / \_\_\_\_\_ / 2017



\_\_\_\_\_  
Treasurer