

NYSBA 2012 Membership Application

Please check the appropriate box: I wish to join the New York State Bar Association I wish to reactivate my membership
 I wish to join the Sections checked below (NYSBA membership required)



ENROLLMENT INFORMATION

Name _____

Address _____

City _____ State _____ Zip _____

The above address is my Home Office Both

Please supply us with an additional address.

Address _____

City _____ State _____ Zip _____

Office phone (_____) _____

Home phone (_____) _____

Fax number (_____) _____

E-mail address _____

Date of birth _____ / _____ / _____

Law school _____ Graduation date _____

States and dates of admission to Bar: _____

ANNUAL MEMBERSHIP DUES

Class based on first year of admission to bar of any state.
 Membership year runs January through December.

REGULAR MEMBERS <i>attorneys who live and/or work in New York</i>	AMOUNT
<input type="checkbox"/> Attorneys admitted 2004 and prior	\$ 275.
<input type="checkbox"/> Attorneys admitted 2005-2006	185.
<input type="checkbox"/> Attorneys admitted 2007-2008	125.
<input type="checkbox"/> Attorneys admitted 2009-2011	60.

NON-RESIDENT MEMBERS <i>attorneys who do not live or work in New York</i>	AMOUNT
<input type="checkbox"/> Attorneys admitted 2004 and prior	\$ 180.
<input type="checkbox"/> Attorneys admitted 2005-2006	150.
<input type="checkbox"/> Attorneys admitted 2007-2008	120.
<input type="checkbox"/> Attorneys admitted 2009-2011	60.

OTHER	AMOUNT
<input type="checkbox"/> Newly admitted attorneys	FREE
<input type="checkbox"/> Law/law graduate students awaiting admission <small>NOTE: Law student membership is restricted to law students currently enrolled in J.D. programs, or up to two years after their graduation.</small>	\$ 10.

SECTIONS

I wish to join the following Section(s):

- | | | | |
|---|--|--|---|
| <input type="checkbox"/> Antitrust* \$30. | <input type="checkbox"/> Entertainment, Arts & Sports Law* 35. | <input type="checkbox"/> International 35. | <input type="checkbox"/> Tax* 25. |
| <input type="checkbox"/> Business Law 25. | <input type="checkbox"/> Environmental Law* 35. | <input type="checkbox"/> Judicial (Courts of Record) 35. | <input type="checkbox"/> Torts, Insurance, & Compensation Law** 40. |
| <input type="checkbox"/> Commercial & Federal Litigation* 40. | <input type="checkbox"/> Family Law* 35. | <input type="checkbox"/> Labor & Employment Law** 25. | <input type="checkbox"/> Trial Lawyers* 30. |
| <input type="checkbox"/> Corporate Counsel †† 25. | <input type="checkbox"/> Food, Drug & Cosmetic Law* 25. | <input type="checkbox"/> Municipal Law* 25. | <input type="checkbox"/> Trusts & Estates Law** 40. |
| <input type="checkbox"/> Criminal Justice* 35. | <input type="checkbox"/> General Practice* 25. | <input type="checkbox"/> Real Property Law* 30. | <input type="checkbox"/> Young Lawyers 20. |
| <input type="checkbox"/> Dispute Resolution*** 35. | <input type="checkbox"/> Health Law* 30. | <input type="checkbox"/> Senior Lawyers 30. | <small>(Law Students and attorneys admitted less than 10 years)</small> |
| <input type="checkbox"/> Elder Law* 30. | <input type="checkbox"/> Intellectual Property Law* 30. | <small>(Attorneys age 55 and over)</small> | |

* Law Student Rate: half price ** Law Student Rate: \$5 *** Law Student Rate: \$10 † Law Student Rate: \$12.50 †† Law Student Rate: \$15 Section Dues Total \$ _____

DUES PAYMENT

Association Membership Dues	\$ _____
Section Dues (Optional)	\$ _____
TOTAL ENCLOSED :	\$ _____

METHOD OF PAYMENT: Check (payable in U.S. dollars) AIP (see reverse)

MasterCard Visa American Express Discover

Account Number _____

Expiration Date _____ Date _____

Signature _____

New members: Please include proof of your admission to the practice of law.

Please return this application to: **MEMBERSHIP SERVICES,**

New York State Bar Association, One Elk Street, Albany NY 12207

Phone 800.582.2452/518.463.3200 • FAX 518.487.5758

E-mail membership@nysba.org • www.nysba.org

IMPORTANT NOTICE: Contributions to The New York Bar Foundation are tax deductible as charitable contributions. Membership dues to the New York State Bar Association are not tax deductible as charitable contributions for income tax purposes. However, they may be tax deductible as ordinary and necessary business expenses subject to restrictions imposed as a result of association lobbying activities. The NYSBA estimates that the non-deductible portion of your 2012 dues which is allocated to lobbying is approximately 2.0%. Portions of your dues payment are allocated toward the annual publication subscriptions for the following: *NYSBA Journal*, \$14.75; *New York State Law Digest* \$6.25; *State Bar News* \$7.25.

Automated Installment Plan (AIP) Enrollment Form

Save Time with AIP

Now New York State Bar Association (NYSBA) members can save time with direct dues payment. An alternative to writing checks and mailing your membership dues, with AIP you can authorize NYSBA to withdraw payments electronically from your checking, savings, or credit card account. Go to www.nysba.org/AIP for more information. You can conveniently sign up for AIP on the enrollment form below. It's safe, easy and convenient!

Member Information

Name: _____ NYSBA Membership ID #: _____

Address: _____

Address: _____

City, State, Zip: _____

Phone Number: _____ E-mail: _____

Payment Schedule

1 Full Payment 2 Payments 3 Payments 4 Payments

AIP — Credit/Debit Card Authorization

Credit Card AMEX DISC MC VISA

Credit Card Number:

Exp. Date: /

Authorized Signature: _____

AUTOMATED INSTALLMENT PLAN (AIP) ENROLLMENT AUTHORIZATION I hereby authorize NYSBA to instruct my financial institution to deduct directly from my account the amount necessary for my annual membership, per the payment schedule selected above: 1, 2, 3 or 4 payments on or about the 25th of the relative month(s). All installment payments must be completed by August 25, 2012. Those opting into the installment payment program in May, June, July or August of the current year may have their payments consolidated and accelerated to meet this requirement. By selecting the AIP method **I understand this agreement will remain in effect for future membership years, unless I request cancellation in writing to:** NYSBA, Dues Processing, One Elk Street, Albany, NY 12207.

Total to be debited: \$.

Signature: _____ Date: _____

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Please return this form to: NYSBA, Membership Services, One Elk Street, Albany, NY 12207
Phone 800.582.2452/518.463.3200 FAX 518.487.5758
E-mail membership@nysba.org