NEW YORK STATE BAR ASSOCIATION

Please check the appropriate box:		-			n
	I wish to join the Sections che				
ENROLLMENT INFORMATION		ANNUAL MEMBERSHIP DUES (check One)			
Name		Class based on first year of ac Membership year runs Januar			
Address		ACTIVE/ASSOCIATE IN-STATE	ATTOE	NEV MEMPERCHIP	
		Attorneys admitted 200			\$27!
		Attorneys admitted 2007-2008		•	18!
City State Zip		Attorneys admitted 2009-2010			12!
The above address is my $\ \square$ Home $\ \square$ Office $\ \square$ Both		Attorneys admitted 2011-2013			60
		ACTIVE/ASSOCIATE OUT-OF-S	TATE A	ATTORNEY MEMBERSHIP	
Please supply us with an additional address.		☐ Attorneys admitted 2006 and prior		•	\$180
Address		Attorneys admitted 2007-2008			150
City State Zip		Attorneys admitted 2009-2010			120
		Attorneys admitted 201	1-201	3 	60
Office phone ()		OTHER			
Home phone ()		Sustaining Member			\$400
E-mail address		Affiliate Member			185
Fax number ()		☐ Newly Admitted Member			FREE
Date of birth / /		Law Student Member			10
Law school		DEFINITIONS			
		Active In-State = Attorneys admitted in NYS, residing in NYS			
States and dates of admission to Bar:		Associate In-State = Attorneys not admitted in NYS, residing in NYS Active Out-of-State = Attorneys admitted in NYS, residing outside NYS			
DUES DAVIMENT		Associate Out-of-State = Attorneys n		9	
DUES PAYMENT				rily provide additional funds to further	
Association Membership Dues		Affiliate = Person(s) holding a JD, not admitted to practice			
Section Dues		Newly admitted = Attorneys newly sworn into the practice of law			
(Optional)	\$	<u>Law Students</u> = Person(s) enrolled in (includes law graduate students, with		accredited law school from 1-3L irs of graduation only, awaiting admis	sion)
TOTAL ENCLOSED :	\$	SECTIONS — I WISH TO	JOIN T	THE FOLLOWING SECTION(S):	:
_		☐ Antitrust*	\$30.	☐ Judicial (Courts of Record)	25.
METHOD OF PAYMENT: L Check (pay	able in U.S. dollars) AIP (see reverse)	Business Law**	25.	Labor & Employment Law**	35.
☐ MasterCard ☐ Visa ☐ American Express ☐ Discover		☐ Commercial & Federal Litigation* ☐ Corporate Counsel*	40. 30.	☐ Municipal Law* ☐ Real Property Law*	30. 40.
Account Number		☐ Criminal Justice* ☐ Dispute Resolution***	35. 35.	(Attorneys admitted 2008-2013 are half price) Senior Lawyers	20.
Expiration Date	Date	☐ Elder Law*	30.	(Attorneys age 55 and over) Tax*	25.
-	Dutc	☐ Entertainment, Arts & Sports Law* ☐ Environmental Law*	35. 35.	☐ Torts, Insurance, &	40.
Signature	us admission to the proof	Family Law*	35.	Compensation Law**	20
New members: Please include proof of your admission to the practice of law.		Food, Drug & Cosmetic Law*	25.	☐ Trial Lawyers* ☐ Trusts & Estates Law**	30. 40.
		☐ General Practice** ☐ Health Law*	25. 30.	☐ Young Lawyers	20.
Please return this application to: ST	ATE BAR SERVICE CENTER,	☐ Intellectual Property Law*	30.	(Law Students and attorneys admitted less than 10 years)	

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

Phone 800.582.2452/518.463.3200 • FAX 518.463.5993

E-mail sbsc@nysba.org • www.nysba.org

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

35.

☐ International†

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 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			
Fayment 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, 2014. 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:			
Please return this form to: NYSBA, State Bar Service Center, One Elk Street, Albany, NY 12207			

Please return this form to: NYSBA, State Bar Service Center, One Elk Street, Albany, NY 12207
Phone 800.582.2452/518.463.3200 FAX 518.463.5993
E-mail sbsc@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 2014 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.