

# *Columbian Lawyers Association, Inc.*

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LITTLE NECK, NEW YORK 11363  
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## **MEMBERSHIP APPLICATION**

*Membership dues MUST accompany this application.*

Student Member - \$25.00

Member - \$75.00

Sustaining Member - \$100.00

*Please make check payable to: Columbia Lawyers Association, Inc.*

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

### ***Primary Mailing Address ( home / office – please circle)***

Firm: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

I do NOT want my information published on the Association's website ☐

### ***Secondary Mailing Address (optional) ( home / office – please circle)***

Firm: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Alternate Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

**Preferred Mail Delivery:** Postal Mail ☐ / Email ☐

Website: \_\_\_\_\_

Practice Type: \_\_\_\_\_

Law School: \_\_\_\_\_

Year Admitted to Practice in NYS: \_\_\_\_\_ Department: \_\_\_\_\_

Other States Admitted to Practice: \_\_\_\_\_

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature

*Return with dues payment to:*

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