

# NEW MEMBER APPLICATION

## NEW YORK STATE ADMINISTRATIVE LAW JUDGES ASSOCIATION

<http://www.nysalja.org>

and

## NATIONAL ASSOCIATION OF ADMINISTRATIVE LAW JUDICIARY

<http://www.naalj.org>

Annual Membership Period: **July 1st through June 30th**

Attached is a New Member Application for the New York State Administrative Law Judges Association (NYSALJA). Once accepted, you will automatically be enrolled as a member of the National Association of Administrative Law Judiciary (NAALJ). Annual dues are \$85, or \$100 if you would like to join as a Sustaining Member of NAALJ.

For your convenience, there are two (2) different ways to apply:

1. **If you prefer to pay by check, cash or money order**: Complete the appropriate attached form (New Member or Renewal Application) and submit it along with a check in the amount of \$85.00 made payable to **The New York State Administrative Law Judges Association** (money orders and cash are accepted) to:

Hon. Anne W. Murphy  
Administrative Law Judge  
New York City Tax Appeals Tribunal  
1 Centre Street, Suite 2430  
New York, NY 10007

<<< **OR** >>>

2. **If you prefer to pay by credit card or PayPal**: Go to the NAALJ website at [www.naalj.org](http://www.naalj.org) and click on the [Membership \(Join/Renew\)](#) tab. From there, follow the instructions after clicking on either the **Join** or the **Renew** hotlink.

**PLEASE REMEMBER TO INDICATE THAT YOU'RE A NY AFFILIATE MEMBER!**

**NEW MEMBER APPLICATION AND QUESTIONNAIRE**

**Annual Membership Period: July 1st - June 30th**

**NEW YORK STATE ADMINISTRATIVE LAW JUDGES ASSOCIATION**

(www.nysalja.org)

**and**

**NATIONAL ASSOCIATION OF ADMINISTRATIVE LAW JUDICIARY**

(www.naalj.org)

Please type or print:

Name: \_\_\_\_\_  
(last) (first) (middle initial)

Home Address: \_\_\_\_\_  
(street)  
\_\_\_\_\_ (city) (state) (zip code)

Home Telephone: \_\_\_\_\_ Business Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

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

Title(s) (ALJ, Hearing Officer, Mediator, Agency Director, Private Practice, Professor, etc.): \_\_\_\_\_  
\_\_\_\_\_

Name of Agency (in full): \_\_\_\_\_

Business Address: \_\_\_\_\_  
(street)  
\_\_\_\_\_ (city) (state) (zip code)

Please send mail to: \_\_\_\_\_ Home Address \_\_\_\_\_ Business Address

Date of Birth: \_\_\_\_\_ Are you an attorney? Yes \_\_\_\_\_ No \_\_\_\_\_

Your Position is: \_\_\_\_\_ Full-time: \_\_\_\_\_ Part-time: \_\_\_\_\_ Per Diem: \_\_\_\_\_ Other

\_\_\_\_\_ Elected: \_\_\_\_\_ Appointed for Fixed Term of \_\_\_\_\_ years: \_\_\_\_\_ Appointed for Indefinite Term:

\_\_\_\_\_ Competitive Civil Service: \_\_\_\_\_ Other (Explain): \_\_\_\_\_  
\_\_\_\_\_

Year Service Began: \_\_\_\_\_ Brief Description of Job Duties: \_\_\_\_\_  
\_\_\_\_\_

Academic Degrees & Years Awarded: \_\_\_\_\_

Awards, Honors, Other Affiliations, etc. (Optional): \_\_\_\_\_

Salary (or Range) for Present Position (Optional - for Use by Committee on ALJ Salaries): \_\_\_\_\_

Subjects you would like to see addressed in educational programs: \_\_\_\_\_  
\_\_\_\_\_

Check One:

\_\_\_\_\_ Regular Member \$85 \_\_\_\_\_ Sustaining Member \$100

In addition to my dues payment, enclosed is my tax-deductible contribution of \$ \_\_\_\_\_ to the National Administrative Law Judiciary Foundation (Federal ID #39-1367494) to support its fellowship, scholarship and educational programs.

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