

# MEMBERSHIP RENEWAL

## 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 1 through June 30**

Annual dues for membership in the New York State Administrative Law Judges Association (NYSALJA) are now due and payable for the year beginning July 1. As a returning member of NYSALJA, you are automatically enrolled as a member of the National Association of Administrative Law Judiciary (NAALJ).

Annual dues are \$85, or \$100 if you would like to renew as a Sustaining Member of NAALJ.

Attached is the Membership Renewal form for NYSALJA.

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, Retired  
29 Sutton Road  
Lebanon, NJ 08833

<<< **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!**

**MEMBERSHIP RENEWAL APPLICATION**  
**Annual Membership Period: July 1 through June 30**

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(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): \_\_\_\_\_

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: \_\_\_\_\_