## Membership Application

# NATIONAL ASSOCIATION OF ADMINISTRATIVE LAW JUDICIARY
# NEW YORK STATE ADMINISTRATIVE LAW JUDGES ASSOCIATION

**C/O Joel D. Ziev, Treasurer**
**17 N Plandome Road**
**Port Washington, NY 11050**
**JDZiev@aol.com**

Please type or print:

Name:_____,_____ _____
(last) (first) (middle initial)

Home Address: _____

_____
(city) (state) (zip. code)

Home Telephone: _____ Business Telephone: _____FAX: _____

Email address: _____

Title(s) (ALJ, IHO, Mediator, Agency Director, Private Practice, Professor, Other):
_____

Name of Agency (in full): _____

Business Address: _____

Please send mail to: ___Home Address: ___ Business Address:

Date of Birth: _____ Are you an attorney? ____Yes ____No

Your Position: ____Full-time; __Part-time; ____ Per Diem; ___Other.

Year Service as ALJ Began: _____

Brief Description of Job Duties:_____

Subjects You Would Like to See Addressed in Educational Programs:

Signature _____ Date:_____

**Enclose a check for $45.00 (July 1, 2007 - June 30, 2008) payable to: NYSALJA**
**Note: The $45 includes your dues to the NY and the National Association (NAALJ).**