

Membership Application and Questionnaire
NATIONAL ASSOCIATION OF ADMINISTRATIVE LAW JUDGES
NEW YORK STATE ADMINISTRATIVE LAW JUDGES
ASSOCIATION

C/O Hon. Marc P. Zylberberg
New York State Department of Health
433 River Street, 5th Floor
Troy, NY 12180-2299

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, Hearing Officer, Mediator, Agency Director, Private Practice, Professor, etc.):

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 is: _____ Elected; _____ Appointed for Fixed Term of ___ years; _____ Appointed for Indefinite Term;
_____ Competitive Civil Service; _____ Other.

(Explain): _____

_____ Full-time; _____ Part-time; _____ Per Diem; _____ Other.

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: _____

Signature _____ Date: _____

Enclose a **check** for \$45.00 (July 1, 2005 - June 30, 2006) payable to the **New York State Administrative Law Judges Association**.