

2018 -2019
Instructions for
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 1 through June 30**

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 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 1, 2018 - June 30, 2019

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: _____