

New York Criminal Bar Association – Membership/Renewal Application

(Kindly provide us with the following information)

Name: _____

Firm Name: _____

Address: _____

Phone: (____) _____ - _____ x _____

Fax: (____) _____ - _____ x _____

E-Mail: _____

Firm Website: _____

Contact Preference (circle all that apply):

E-Mail Regular Mail Fax Telephone

Year of New York State Admission: _____ Department: _____

Optional:

(1) Other memberships:

(2) Additional information (please circle all that apply):

Federal Criminal Practice State Criminal Practice
Private Practice - Small Firm Private Practice - Large Firm
Legal Aid Defender Services 18-B CJA

(3) Do you use our website? Yes No

(4) Do you read our newsletter? Yes No

(5) Would you be interested in
joining one of our committees? Yes No

If yes, please indicate which
one(s) from the attached list: _____

Annual membership dues are: \$100.00

Payment enclosed: \$_____ Payment method (circle one): check credit card cash

Make checks payable to: New York Criminal Bar Association

Credit Card (circle one): Visa MasterCard American Express

Credit Card No.: _____ Exp. Date: _____ Billing Zip Code _____

**Send completed form and check to: Michael K. Bachrach, Esq.
276 Fifth Avenue, Suite 501
New York, N.Y. 10001
Tel. (212) 929-0592
Fax. (866) 328-1630**