

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

Annual membership dues are \$100.00.

Payments may be made by check or credit card.

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

Make checks payable to: New York Criminal Bar Association

Credit Card (circle one): Visa MasterCard American Express

Credit Card No.: _____ Exp. Date: _____

**Send completed form and check to: Michael K. Bachrach, Esq.
1040 Avenue of the Americas, 24th Floor
New York, N.Y. 10018
Tel. (212) 382-4621
Fax. (866) 328-1630**