



## MEMBERSHIP APPLICATION FOR ATTORNEYS

Name of Attorney: \_\_\_\_\_ Date of Application \_\_\_\_\_

Name of Law Firm: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone No.: \_\_\_\_\_ Fax No.: \_\_\_\_\_

Work Email Address: \_\_\_\_\_

Web Site: \_\_\_\_\_

College & Degree: \_\_\_\_\_ Year of Graduation: \_\_\_\_\_

Law School & Degree: \_\_\_\_\_ Year of Graduation: \_\_\_\_\_

List State(s) Where Admitted: \_\_\_\_\_ Year of Admission to Bar: \_\_\_\_\_

### PRACTICE AREAS

Please check all that apply.

- Business Law
- Litigation
- Bankruptcy
- Foreclosures
- Criminal
- Immigration
- Government Contracts
- Employment
- Personal Injury
- Real Estate
- Family
- Intellectual Property
- Entertainment

- Collections
- Tax

Other Practice Area(s), please specify below:

**MEMBERSHIP APPLICATION FOR  
ATTORNEYS**

**Bar Association Memberships:**

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**Community Affiliations:**

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**Board Memberships:**

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**Foreign Languages:**

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**How did you learn of ALTA**

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**Areas of Interest:**

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**Please note that this application will be reviewed by and is subject to the approval of the Executive Committee. You will be notified via email if you have been accepted. The dues for this category of membership are \$150.00 and will be due within 5 business days of notification of your acceptance. The dues can be paid online at [www.affiliatedlawyers.org](http://www.affiliatedlawyers.org) or by check payable to Affiliated Lawyers of the Americas, Inc. to be mailed to Affiliated Lawyers of the Americas, Inc. Attn.: Walter Rivera, Esq., 170 Hamilton Avenue, Suite 301, White Plains, New York 10601 or emailed in PDF format to [wrivera@wriveralaw.com](mailto:wrivera@wriveralaw.com) or faxed to (914) 595-4979.**