



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:

Community Affiliations:

Board Memberships:

Foreign Languages:

How did you learn of ALTA

Areas of Interest:

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 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., 61 Broadway, Suite 1030, New York, NY 10006.