

CAPITAL DISTRICT TRIAL LAWYERS ASSOCIATION

APPLICATION FOR MEMBERSHIP

I am an attorney and do hereby apply for membership in the Capital District Trial Lawyers Association. I understand that there is no initiation fee and that dues are \$25.00 per year. I enclose my check for \$25.00 for my dues for the first year.

NAME OF APPLICANT _____

OFFICE ADDRESS _____

RESIDENCE ADDRESS _____

BUSINESS TELEPHONE _____

E-MAIL ADDRESS _____

YEAR, STATE AND COUNTY OF DEPT. OF ADMISSION _____

BAR ASSOCIATION AFFILIATIONS _____

SIGNATURE OF APPLICANT _____

Please return this form with a check made payable to "CDTLA" to Thomas J. Mortati c/o Burke, Scolamiero, Mortati & Hurd, LLP, 7 Washington Square, P.O. Box 15085, Albany, N.Y. 12212-5085

John Harwick, Esq.
President

