

# NEW YORK STATE DISPUTE RESOLUTION ASSOCIATION, INC.

255 River Street  
Troy, NY 12180  
Phone: 518-687-2240  
Fax: 518-687-2245  
Email: nysdra@nysdra.org  
Website: www.nysdra.org



## Organizational Membership Application

### **Organization Information**

Name: \_\_\_\_\_ Website: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

What is the organization's main business/mission? \_\_\_\_\_

### **Main Contact Information**

Title:  Mr.  Ms.  Mrs.  Other: \_\_\_\_\_ Name: \_\_\_\_\_ Suffix: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail address: \_\_\_\_\_

How did you hear about NYSDRA?  NYSDRA Website  News Media  I am a former member

Training Event (please specify): \_\_\_\_\_  Referred By: \_\_\_\_\_

Other (Specify): \_\_\_\_\_

### Membership Dues

These dues rates will carry your membership through **December 31, 2010** and are prorated so that the amount due is based on the number of months remaining in the term.

<u>Month Joining</u>	<u>Dues Amount</u>	<u>Month Joining</u>	<u>Dues Amount</u>	<u>Month Joining</u>	<u>Dues Amount</u>
Dec 09/January	\$325.00	May	\$216.00	September	\$108.00
February	\$297.00	June	\$189.00	October	\$81.25
March	\$270.00	July	\$162.50	November	\$54.00
April	\$243.75	August	\$135.00	December	\$27.00

Total Amount Due: \$ \_\_\_\_\_

### Payment

Check # \_\_\_\_\_  Visa  MasterCard  American Express

Card Number: \_\_\_\_\_ Exp: \_\_\_\_\_

Please send completed application and payment to:

NYSDRA Membership  
255 River Street  
Troy, NY 12180

#### **NYSDRA Mediator Standards of Practice Agreement (practitioners only):**

I hereby acknowledge that I have read the NYSDRA Mediator Standards of Practice and hereby agree to abide by said standards. To review a copy of this document please refer to [www.nysdra.org](http://www.nysdra.org).

Signed: \_\_\_\_\_ Date: \_\_\_\_\_