



NEW YORK STATE DISPUTE RESOLUTION ASSOCIATION, INC.

1450 Western Avenue, Ste 101
Albany, NY 12203
Phone: 518-687-2240
Fax: 518-687-2245
Email: nysdra@nysdra.org
Website: www.nysdra.org

Individual Membership Application

Title: Mr. Ms. Mrs. Other: _____ Name: _____ Suffix: _____

Home Address: _____ City: _____ State: _____ Zip: _____

Work Address: _____ City: _____ State: _____ Zip: _____

Is this a conflict resolution business? Yes No

Which address would you prefer NYSDRA correspondence be sent to? Home Work

Home Phone: _____ Work Phone: _____

E-mail address: _____ Website: _____

Are you a volunteer with a Community Dispute Resolution Center (CDRC) Yes No

If yes, which CDRC? _____

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

Training Event (please specify): _____ Referred By: _____

Other (Specify): _____

Are you an attorney in New York State or elsewhere? _____

What is your primary profession? _____

Membership Dues

These dues rates will carry your membership through **March 31, 2012** 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>
April	\$75.00	August	\$50.00	December	\$25.00
May	\$68.75	September	\$43.75	January	\$18.75
June	\$62.50	October	\$37.50	February	\$12.50
July	\$56.25	November	\$31.25	March	\$6.25

Total Amount Due: \$ _____

Payment

Check # _____ Visa MasterCard American Express

Card Number: _____ Exp: _____

Please send completed application and payment to:

NYSDRA Membership
1450 Western Avenue, Ste 101 • Albany, NY 12203

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. *Agreement is located under "Additional Resources" at the bottom of the web page: www.nysdra.org/membership.*

Signed: _____ Date: _____