



NEW YORK STATE DISPUTE RESOLUTION ASSOCIATION, INC.

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Albany, NY 12203
Phone: 518-687-2240
Fax: 518-687-2245
Email: nysdra@nysdra.org
Website: www.nysdra.org

Student Membership Application

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

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

Phone: _____ Alt. Phone: _____

E-mail address: _____ Website: _____

College or University Name: _____

Course of Study: _____

Degree Goal: _____ Graduation Date: _____

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): _____

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	\$25.00	August	\$17.00	December	\$8.00
May	\$23.00	September	\$15.00	January	\$6.25
June	\$21.00	October	\$12.50	February	\$4.00
July	\$18.75	November	\$10.00	March	\$2.00

Total Amount Due: \$ _____

Payment

Check # _____ Visa MasterCard American Express

Card Number: _____ Exp: _____

Please send completed application, payment and **proof of enrollment** (i.e. copy of student ID) 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.

Signed: _____ Date: _____