



Application For Membership May 2010 – April 2011

TO THE BOARD OF DIRECTORS:

I hereby apply for membership in The New York Intellectual Property Law Association, Inc. (NYIPLA) and certify myself as:
(CHECK ONE)

ACTIVE: DUES AMOUNT: \$255.00

Lawyer admitted to practice for **3 or more years** in a state or territory of the United States, or the District of Columbia interested in patent, trademark or copyright law, of good character and in good standing and have a residence or regular and established office in the Second Judicial Circuit or in the District of New Jersey, as now fixed by law.

ACTIVE: DUES AMOUNT: \$200.00

Lawyer admitted to practice **less than 3 years** in a state or territory of the United States, or the District of Columbia, interested in patent, trademark or copyright law, of good character and in good standing and have a residence or regular and established office in the Second Judicial Circuit or in the District of New Jersey, as now fixed by law.

ASSOCIATE (including non US): DUES AMOUNT: \$255.00

Lawyer interested in patent, trademark or copyright law, of good character and in good standing, and do not have a residence or a regular and established office in the Second Judicial Circuit (residing or practicing outside of CT, NY or VT) or in the District of New Jersey, as now fixed by law, or am admitted to practice but not in a state or territory of the United States or in the District of Columbia.

STUDENT: DUES AMOUNT: \$15.00

Not a lawyer, but is regularly enrolled as a candidate for a professional law degree in a law school approved by the Association of American Law Schools and would be otherwise qualified for membership, if a member of the Bar.

RETIRED: DUES AMOUNT: \$50.00

Lawyer retired from active practice of the law.

Please Circle Mr./Ms.

Name *(Please Print)* _____

Firm/Company Name _____

Firm/Company Address _____

Tel _____ Fax _____ Email* _____

*E-mail addresses will be used by the NYIPLA solely to communicate with its members and will not be distributed to third parties unaffiliated with the NYIPLA.

Home Address *(Optional)* _____

Original Bar Admission Date _____ Bar State _____

Law School - For Student Members _____

Signature _____ Date _____

<p><input type="checkbox"/> Check payable to "NYIPLA" and remit to: The New York Intellectual Property Law Association Executive Office 2125 Center Avenue, Suite 406 Fort Lee, NJ 07024-5874 Tel: 1.201.461.6630 Fax: 1.201.461.6635 E-Mail: admin@nyipla.org <i>Retain your cancelled check as a receipt.</i></p>	<p>Credit Card Charge <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express Credit Card Auth Code _____</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border-bottom: 1px solid black; width: 60%;">card number</td> <td style="border-bottom: 1px solid black; width: 40%;">expiration date</td> </tr> <tr> <td style="border-bottom: 1px solid black;">print cardholder name</td> <td style="border-bottom: 1px solid black;">authorized amount to be charged</td> </tr> <tr> <td style="border-bottom: 1px solid black;">signature</td> <td style="border-bottom: 1px solid black;">date</td> </tr> <tr> <td style="border-bottom: 1px solid black;">cardholder billing address <i>(required)</i></td> <td style="border-bottom: 1px solid black;">postal/zip code</td> </tr> </table>	card number	expiration date	print cardholder name	authorized amount to be charged	signature	date	cardholder billing address <i>(required)</i>	postal/zip code
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signature	date								
cardholder billing address <i>(required)</i>	postal/zip code								

FOR OFFICE USE ONLY: The undersigned member of The Committee on Membership states that said member has reviewed the application of the above-named applicant for membership in the Association; states that, to the best of the member's information and belief, the applicant has the qualifications for membership required by the Bylaws of the Association; and recommends the above-named applicant for Active/Associate (including non US)/Student/Retired membership in the Association.

Name of NYIPLA Membership Committee Chairperson *(Please Print)* _____

Signature _____ Date _____