



AMISTAD Long Island Black Bar Association

Membership Application

Please return this application to:

Email: amistadblackbar@gmail.com or Mailing Address: c/o James Leonard, 300 Garden City Plaza, Suite 500, Garden City, New York 11530

Prospective Members: Please submit this application and remit payment.

Student members: You must submit this application annually.

Renewing Members: If any of your information has changed, please be sure to provide the Association with updated contact information and remit payment.

Name: _____ Date: _____

Email Address: _____

Mobile Phone Number: _____

Business Phone Number: _____

Preferred Number: _____ Mobile _____ Business

Address: _____

Employer: _____

Job Title: _____

Law School and Graduation Year: _____

Practice Area: _____

Committee Preference: Amistad Institute Budget and Finance Bylaws
 Continuing Legal Education Community Outreach Fundraising Gala
 Judicial Screening Membership Programming Nominations and Elections
 Programming Social Media and Website Student Committee Summer Party/BBQ

Are you a NYS Attorney in Good Standing? _____

Membership Information:

*Upon joining, you will be added to AMISTAD's Email list. If you wish to opt out, please indicate here: _____

*Membership term is one (1) calendar year from January 01 to December 31. Membership dues are not prorated to accommodate late applications.

*The Membership Fee Schedule is as follows:

\$100.00 Attorneys and Judges **\$50.00** JDs, Out of State Attorneys and Retired/Non-Active

\$0.00 - Complimentary Membership - Law Student

Please remit payment through www.amistadblackbar.org or
PayPal: paypal.me/amistadli ; Online Payment: <https://bit.ly/2026AMISTADDues>

For questions regarding membership, billing or payments, please
email: amistadblackbar@gmail.com or call (631)500-0336

