



Membership Application

NAME: _____

RENEWING MEMBER? _____ (If renewing member, only complete contact information to update any changes)

FIRM: _____

ADDRESS: _____

TELEPHONE: () _____

EMAIL: _____

WNYTLA Membership Referral Name: _____

I affirm that I am an attorney licensed to practice in
Year admitted to practice: _____

_____ Enclosed is my check for \$50.00 (**0-5 years** admitted to the Bar) payable to the Western New York Trial Lawyers Association for membership dues for 2018. After May, enclosed is my check for \$25.00 for the remainder of the year 2018.

_____ Enclosed is my check for \$75.00 (**6-10 years** admitted to the Bar and attorneys employed in **Government and Public Interest**) payable to the Western New York Trial Lawyers Association for membership dues for 2018. After May, enclosed is my check for \$37.50 for the remainder of the year 2018.

_____ Enclosed is my check for \$125.00 (**over 10 years** admitted to the Bar) payable to the Western New York Trial Lawyers Association for membership dues for 2018. After May, enclosed is my check for \$75 for the remainder of the year 2018.

_____ I hereby certify that I devote a substantial portion of my legal practice to the handling of litigated matters.

Signature

Mail this form with your check to:

Melissa A. Foti, Esq.
The Calumet Building
233 Franklin Street
Buffalo, New York 14202
(716) 853-3801