

**Swiss-American Lawyers Association
of Greater New York, Inc. (SALA)***
www.salany.org

Membership Application

Name: _____ First name: _____

Place of Business: _____

Address: _____

City, State: _____ Zip Code: _____

Phone: _____ Fax: _____

E-Mail: _____

Jurisdiction(s) of Admission to Practice Law: _____

Connection to Switzerland: _____

How did you hear about SALA? _____

Comments: _____

I am applying for SALA membership as:

full member (attorney admitted to practice law). Annual dues: \$50.00.

associated member (law student, law teacher & supporter). Annual dues: \$25.00.

Signature: _____ Date: _____

Please send this form along with your dues to:

SALA, Inc.
c/o Lorenz Wolffers, Esq.
P.O. Box 1052
New York, NY 10163
swisslawny@gmail.com

Please make checks out to
"Swiss-American Lawyers Association of Greater New York, Inc."

*SALA is New York not-for-profit corporation. However, it is not qualified under I.R.C. Section 501(c)(3) and payments to SALA will not be treated as charitable contributions.

Status: February 5, 2008