



**Membership Application**

Name: \_\_\_\_\_ First name: \_\_\_\_\_

Place of Business: \_\_\_\_\_

Address: \_\_\_\_\_

City, State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Preferred Means of Communication: E-Mail  Fax  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.
- supporting member (law student, law teacher & supporter). Annual dues: \$25.00.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please send this form along with your dues to:

Swiss American Lawyers Association of Greater New York, Inc.  
570 Seventh Avenue, 20<sup>th</sup> floor  
New York, NY 10018  
[info@salany.org](mailto:info@salany.org)

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

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