

New York State Dispute Resolution Association, Inc.

MEMBERSHIP APPLICATION



Select Membership Type:

Annual dues are listed below for each membership type. Membership expires one year from activation date.

- Individual (\$85) Individual PLUS (\$150) *Includes Online Provider Listing* Organization (\$400) Student (\$25) *ID Required*

Contact Information:

Prefix First Name M.I. Last Name Suffix

Title Company / College Name

Phone Fax
(____) _____ - _____ (____) _____ - _____

E-mail Address Website

Primary Address: Home Business

City State Zip

Secondary Address: Home Business

City State Zip

Referred by: _____

Annual Dues: _____

Donation: _____

NYSDRA is a 501(c)(3) not-for-profit organization.

Donations are deductible to the extent allowable by law.

TOTAL: _____

Payment Method

Check MasterCard Visa American Express

Card #: _____

Exp. Date: ____/____/____ CVV _____

Cardholder Signature: _____

Send application and payment to:

NYSDRA
4 Pine West Plaza, Suite 411
Albany, NY 12205

Practitioners Only:

I hereby acknowledge that I have read the NYSDRA Mediator Standards of Practice and hereby agree to abide by said standards.

Signature: _____ Date: ____/____/____

To review a copy of NYSDRA's Mediator Standards of Practice please visit nysdra.org.