

NYSCALA MEMBERSHIP APPLICATION

Name of Employee: _____
(last) (first) (initial)

Date of Hire: (month/day/year) _____ Date of Birth: (month/day/year) _____

Court and Location Assigned (e.g. Queens Civil Court, Bronx Supreme Court):

Home Address: _____
(number & street) (apt. #)

_____ (city) (borough/county) (state) (zip)

Home Phone: _____ Cell Phone: _____

Work Phone: _____

Personal email: _____ Work email: _____

(over)

I hereby request membership in the Citywide Association of Law Assistants of the Civil, Criminal, and Family Courts (NYSCALA) with all attending rights and privileges.

I understand and agree that New York State will deduct from my salary biweekly the current union dues amount in effect, and that there may be necessary changes in this deduction if the rate increases in the future. This authorization will be in effect until revoked by me by written notice to the NYS Comptroller and the Union, or otherwise revoked pursuant to law.

(signature)

(date)

Please provide all the information requested on the front of this card and return to the Union office by clicking the submit button. Alternatively, you may print out the card and send it to NYSCALA, 22 Harrison Ave., Rockville Centre, NY 11570.

Please **download this form and **save** to your computer, **fill** and **sign**, then click the button below to **SUBMIT**.**