



Membership Application

NAME: _____

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

FIRM: _____

ADDRESS: _____

TELEPHONE: () _____

EMAIL: _____

WNYTLA Membership Referral Name: _____

_____ Enclosed is my check for \$125 payable to the Western New York Trial Lawyers Association for membership dues for 2014.

_____ After May, enclosed is my check for \$75 payable to the Western New York Trial Lawyers Association for membership dues for the remainder of the year 2014.

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

_____ 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: Michael J. Roach, Esq.
1000 Liberty Building
424 Main Street
Buffalo, NY 14202