

APPLICATION FOR MEMBERSHIP

The undersigned applies for new or renewal membership in NELA-NJ for September 1, 2012 through August 31, 2013:

Name: _____ Firm Name: _____

Address: _____ Phone: () _____ - _____

City: _____ Cell: () _____ - _____

State: _____ Zip: _____ Fax: () _____ - _____

Website: _____ E-Mail: _____

COUNTIES: Our website lists for public viewing up to FIVE (5) counties in which each attorney practices. Check boxes for the 5 counties you want to be associated with. If you choose more than 5, only the first 5 will be displayed.

<input type="checkbox"/> Atlantic	<input type="checkbox"/> Bergen	<input type="checkbox"/> Burlington	<input type="checkbox"/> Camden	<input type="checkbox"/> Cape May
<input type="checkbox"/> Cumberland	<input type="checkbox"/> Essex	<input type="checkbox"/> Gloucester	<input type="checkbox"/> Hudson	<input type="checkbox"/> Hunterdon
<input type="checkbox"/> Mercer	<input type="checkbox"/> Middlesex	<input type="checkbox"/> Monmouth	<input type="checkbox"/> Morris	<input type="checkbox"/> Ocean
<input type="checkbox"/> Passaic	<input type="checkbox"/> Salem	<input type="checkbox"/> Somerset	<input type="checkbox"/> Sussex	<input type="checkbox"/> Union
<input type="checkbox"/> Warren				

By signing this application you certify as follows:

1. I give permission to list all of the above information on the NELA-NJ website, a public website (www.nelanj.org). I also give permission to NELA-NJ to share my information with NELA (the national organization).
2. I certify that I am an attorney in good standing with the State Bar of New Jersey. I also certify that at least 51% of my employment law practice is devoted to representing plaintiff employees.

NOTE: IF YOU ARE NOT ADMITTED TO THE BAR, BUT YOU ARE EMPLOYED BY AN ATTORNEY WHO IS A MEMBER OF NELA-NJ AND YOU WISH TO JOIN NELA-NJ PLEASE CHECK HERE: _____. INDICATE WHETHER YOU ARE A PARALEGAL, LAW SCHOOL GRAD OR OTHER: _____.

Enclosed is my check for \$200 which allows me to attend all dinner meetings as well as the Holiday Party.

Date: _____ Applicant's Signature: _____

Mail this completed and signed application and a check for \$200 payable to NELA-NJ to:

**Lisa M. Curry, Esq. (Treasurer)
59 Gristmill Rd.
Randolph NJ 07869**

Any questions, please email: lmcurry@gmail.com 210-400-7407