



THE CERVANTES SOCIETY

of the Courts of the State of New York

MEMBERSHIP APPLICATION FORM

2009 -2010

Check one: *New* _____ *Renewal* _____ *Date* _____

Full Name: _____, _____, _____
Last Name (First Name) (MI)
(Check One) ___Mr. ___Ms ___Mrs. ___Esq. ___Hon.

Business Information

Title/Position: _____

Agency/Courthouse: _____

Business Address: _____

Business Telephone Number: _____ Fax Number: _____

Home Information

Home Address: _____

Home Telephone Number: _____ Fax Number: _____

E-mail Address: _____

I prefer to receive my mail at (check one) ___home ___ the office

Miscellaneous Information

Total number of years in the Court System: _____

Number of years in your present position: _____

Prior position(s)/title(s) held within the Court System(if any): _____

Membership Dues Information

Annual Dues are \$20.00 for Unified Court System("UCS") Members and \$10.00 for Associate Members (Non UCS persons who may not vote). Completed membership Application form and check payable to "The Cervantes Society" are to be forwarded to : The Cervantes Society, P.O.Box 02-1616, Cadman Plaza, Brooklyn, NY 11202-1616. Please attach a current business card, if available. For further information, call Grace Machuca at: 347-296-1764, Charles Lopez 212-360-4115, Lefty Rivera 917-776-5365 or Luis Carrero 212-256-7750.

Membership year runs from October to September

THANK YOU FOR YOUR SUPPORT

To Be Completed by Society Secretary

Date Received _____ Check/M.O.# _____ Amount _____