



LATINO JUDGES ASSOCIATION, INC.

Membership Application

Membership Year _____ New Member Renewal

NAME: _____

(LAST)

(FIRST)

(M.I.)

Elected/ Appointed- Year _____ Law School: _____ Class of _____

If you are a newly elected/appointed judge, are you interested in having a mentor assigned? Yes / No thanks.

I am interested in being a mentor to a newly elected/appointed judge.

I am interested in participating in the LJA Community Service initiatives.

CHAMBERS/OFFICE INFORMATION:

Court: _____ County: _____ Judicial Title: _____

Address: _____

City: _____ State: NY Zip Code: _____

Phone: _____ Fax: _____

Email: _____@nycourts.gov Email (2) _____

HOME INFORMATION (Home Address is Optional, items marked with * are required)

Address: _____

City: _____ State: NY Zip Code: _____

*Phone: _____ *Cell Phone: _____

*Email (personal) _____

Annual Membership Dues are \$100 for the fiscal year starting January 1st.

Dues may be paid by ZELLE at: treasurer.lja@gmail.com

Or

Make check payable to: Latino Judges Association, Inc.

Mail to: Hon. Jessica Bourbon, Treasurer

Bronx County Family Court

900 Sheridan Avenue

Bronx, NY 10451

*Please submit this completed form regardless of how you choose to join or renew.