

LATINO JUDGES ASSOCIATION, INC.
MEMBERSHIP APPLICATION AND INFORMATION FORM



New Member Renewal Membership Year _____

Name: _____

Elected Appointed Year: _____ Law School: _____ Year Graduated _____

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

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

I am interested in participating in LJA Community Service initiatives.

Please check off any LJA Committee you would like to join

Legal Education/Seminars Gala Mendez v. Westminster Program

Governance/By-Laws Outreach/Membership Three Kings Day

LJA Summer Intern Program

CHAMBERS/OFFICE INFORMATION

Court: _____ County: _____ Judicial Title: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____

Email (1): _____ Email (2): _____

HOME INFORMATION (Optional)

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Cell Phone: _____

Email (1): _____ Email (2): _____

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 checks payable to the "LATINO JUDGES ASSOCIATION, INC."

Mail to: Hon. Javier E. Vargas

NYS Court of Claims

26 Broadway, 10th Floor

New York, NY 10004

212-361-8160

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