MEMBERSHIP APPLICATION

We agree to abide by the terms and conditions that apply to Association Membership in the New York State Deputies Association, Inc. (NYSDA) as set forth in the ***Labor Relations Services for Member Associations.***

Association Name: _____

Address: _____

City & Zip Code: _____

Telephone: _____ Fax: _____

Contact Name: _____

E-mail (if avail): _____ Home phone: _____

Signature: _____

Our membership will be at (circle one):

Associate @ $500 flate rate per year or portion thereof
Basic @ $20/member
Full service @ $110/member

Number of full time members in bargaining unit: _____

Effective date of membership: _____

Less than full year dues for basic and full-service members are prorated based on number of months or portions thereof remaining in the calendar year. (Example: Effective March 1 = 10/12 x Annual dues)(Does not apply to Associate level.)

_____	x $ _____	x _____	= $ _____
# of members	Rate	Pro Rata Factor	Total Dues owed for year

Membership dues are payable upon joining NYSDA and on January 1 of each calendar year. Full service members may choose to pay quarterly. Please make check payable to NYSDA. Mail check and completed form to:

Thomas H. Ross, Executive Director
NYSDA
61 Laredo Dr.
Rochester, NY 14624