

# 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: \_\_\_\_\_

Contact's e-mail: \_\_\_\_\_ Home phone: \_\_\_\_\_

Signature: \_\_\_\_\_

Our membership will be at (circle one): **Associate** @ \$500 per year/portion thereof  
**Basic** @ \$20/member per year  
**Full service** @ \$125/member per year

Authorized number of 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