



THE CERVANTES SOCIETY

of the Courts of the State of New York

MEMBERSHIP APPLICATION FORM

2017 - 2018

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

Name: _____, _____, _____
_____ **Last Name** _____ **First Name** _____ **MI (Check One)**
____ Mr. ____ Ms ____ Mrs. ____ Esq. ____ Hon.

Business Information

Title/Position: _____

Agency/Courthouse & Address: _____

Telephone Number: _____ Fax Number: _____

Home Information

Address _____

Telephone Number: _____ Fax Number: _____

E-mail Address: _____ **I prefer to receive mail @** _____ **home** _____ **office**

Membership Dues Information

Annual Dues are \$25.00 for Unified Court System Members and \$15.00 for Associate Members (Non UCS persons who may not vote). Membership Application & check payable to "The Cervantes Society" can be mailed to : The Cervantes Society, P.O.Box 02-1616, Cadman Plaza, Brooklyn, NY 11202-1616.

For information contact: Evelyn Stewart @917-923-6716, Michael Santos 347-409-9698,

Lissette Morales 347-415-4609 & Jessica Pena@ 646-240-1900

MEMBERSHIP YEAR RUNS FROM OCTOBER TO SEPTEMBER

THANK YOU FOR YOUR SUPPORT

• To Be Completed by Society Secretary:

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

visit: www.cervantessociety.org To use pay-pal for payment