

**THE DEFENSE ASSOCIATION OF NEW YORK, INC.  
EXECUTIVE OFFICES**

PO BOX 950 Bowling Green Station  
New York, NY 10274-0950

\_\_\_\_\_  
(212) 608-8999

**APPLICATION FOR MEMBERSHIP**

I hereby wish to enroll as a member of DANY.

I enclose my check/draft for \$\_\_\_\_\_.

Please check one of the rates are as follows:

\_\_\_\$50.00 for individuals admitted to practice less than five years;

\_\_\_\$175.00 for individuals admitted to practice more than five years; or

\_\_\_\$500.00 for firm, professional corporation of Company.

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TEL NO.: \_\_\_\_\_

I represent that I am engaged in handling claims or defense of legal actions or that a substantial amount of my practice or business activity involves handling of claims or defense of legal actions.

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

**ALL APPLICATIONS MUST BE APPROVED BY THE BOARD OF GOVERNORS**

**PLEASE FORWARD APPLICATION AND CHECKS TO ADDRESS LISTED ABOVE**