



# ASSIGNED COUNSEL ASSOCIATION – NEW YORK STATE, INC.

## MEMBERSHIP APPLICATION

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_

Phone Number(s): \_\_\_\_\_

Counties where you are on the assigned counsel panel?

\_\_\_\_\_  
\_\_\_\_\_

What panels are you on?  Criminal  Family  Appellate

When did you first join a panel? \_\_\_\_\_

If you do not currently belong to a panel, are you an alumni of an assigned counsel panel in NYS?

Yes  No

If so, when did you cease being an assigned counsel panel member? \_\_\_\_\_

Why did you leave the panel? \_\_\_\_\_

I understand that If I am not a member in good standing of a NYS Assigned Counsel panel, my access to information regarding the ACA-NYS, Inc. may be limited

I am interested in becoming more involved in the operations of the ACA-NYS, Inc.

\_\_\_\_\_

Applicant Signature

Annual membership dues of \$100 run from January 1, 2021 to December 31, 2021. Please make check out to ACA-NYS, Inc. or pay by PayPal by clicking [HERE](#)

Please e-mail this application to: [stirgary@acany.net](mailto:stirgary@acany.net) or mail to ACA-NYS, Inc., Attn: Sarah Tirgary, President, 155-03 Jamaica Avenue, Jamaica, NY 11432

Questions? E-mail [info@acany.net](mailto:info@acany.net)

**CLICK HERE TO SUBMIT**