

**Injured Workers' Bar Association**  
**Membership Application & Renewal Form**  
 (rev. 2/2010)

<u>Office Use Only:</u>	
<input type="checkbox"/> Membership	<input type="checkbox"/> Firm Administration

Attorney Name		Firm Name	
Street 1		Street 2	
City		State	Zip
Phone	Fax	E-Mail *	
Website Address:			

\* E-Mail address is required to register for the member-only message board system and e-mail distribution list. E-mail address must be a private e-mail account and not a generic or office-wide e-mail account. For offices registering more than one member a unique e-mail address per member is required.

<input type="checkbox"/> Yes	<input type="checkbox"/> No
------------------------------	-----------------------------

Do you want a hyper-link to your firm's website to appear with your listing on the IWBA website? If "Yes," a reciprocal link to the IWBA ([www.injuredworkersbar.org](http://www.injuredworkersbar.org)) is required.

**Primary WCB District Office of Practice (choose one only)**

- |                                     |                                    |                                    |                                    |
|-------------------------------------|------------------------------------|------------------------------------|------------------------------------|
| <input type="checkbox"/> Albany     | <input type="checkbox"/> Buffalo   | <input type="checkbox"/> Manhattan | <input type="checkbox"/> Rochester |
| <input type="checkbox"/> Binghamton | <input type="checkbox"/> Happaugue | <input type="checkbox"/> Peekskill | <input type="checkbox"/> Syracuse  |
| <input type="checkbox"/> Brooklyn   | <input type="checkbox"/> Hempstead | <input type="checkbox"/> Queens    |                                    |

**Hearing Points You or Your Firm Cover Upon Request (select all that apply)**

- |                                     |                                    |                                     |                                       |  |
|-------------------------------------|------------------------------------|-------------------------------------|---------------------------------------|--|
| <input type="checkbox"/> Albany     | <input type="checkbox"/> Geneva    | <input type="checkbox"/> Lockport   | <input type="checkbox"/> Oswego       | <input type="checkbox"/> Saranac Lake  |
| <input type="checkbox"/> Auburn     | <input type="checkbox"/> Hauppauge | <input type="checkbox"/> Manhattan  | <input type="checkbox"/> Patchogue    | <input type="checkbox"/> Schenectady   |
| <input type="checkbox"/> Batavia    | <input type="checkbox"/> Hempstead | <input type="checkbox"/> Monticello | <input type="checkbox"/> Peekskill    | <input type="checkbox"/> Staten Island |
| <input type="checkbox"/> Binghamton | <input type="checkbox"/> Hornell   | <input type="checkbox"/> New City   | <input type="checkbox"/> Poughkeepsie | <input type="checkbox"/> Syracuse      |
| <input type="checkbox"/> Brooklyn   | <input type="checkbox"/> Hudson    | <input type="checkbox"/> Newburgh   | <input type="checkbox"/> Queens       | <input type="checkbox"/> Utica         |
| <input type="checkbox"/> Buffalo    | <input type="checkbox"/> Ithaca    | <input type="checkbox"/> Norwich    | <input type="checkbox"/> Queensbury   | <input type="checkbox"/> Watertown     |
| <input type="checkbox"/> Canton     | <input type="checkbox"/> Jamestown | <input type="checkbox"/> Olean      | <input type="checkbox"/> Rochester    | <input type="checkbox"/> White Plains  |
| <input type="checkbox"/> Elmira     | <input type="checkbox"/> Kingston  | <input type="checkbox"/> Oneonta    | <input type="checkbox"/> Riverhead    | <input type="checkbox"/> Yonkers       |

In order for an application for membership to be considered by the Association, an attorney must affirm that at least 80% of his/her Workers' Compensation practice is devoted to representing claimants before the New York State Workers' Compensation Board. Membership dues are \$125 per annum per individual attorney. Firm membership is not available.

As a member of the IWBA, I understand and acknowledge my ethical and legal responsibility to deem all transmissions and communications on a list serve supported or maintained by the IWBA as confidential to and among its members.

Such list serve is afforded to members only for purposes of exchanging legal opinion, legislative or regulatory criticism, advocacy in behalf of clients, and news items or documents and reports of legal and legislative relevance to workers' compensation issues and concerns.

I understand and acknowledge that sharing such transmission or communication from such list serve with a non-member violates my ethical and legal obligation. "Sharing" includes, but is not limited to, forwarding or copying any transmission or communication. I affirm that at least 80% of this firm's practice is devoted to representing claimants before the NYS Workers' Compensation Board.

\_\_\_\_\_  
Name (Print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Print this page and remit completed application with \$125 payment of dues to:

Injured Workers' Bar Association  
 c/o Richard M. Goldman, Esq.  
 Buckley, Mendleson, Criscione & Quinn, P.C.  
 29 Wards Lane  
 Albany, NY 12204-2103

Checks should be payable to I.W.B.A. or Injured Workers' Bar Association.

<p>If your firm has more than one member you may elect an office representative (attorney or administrative personnel) to serve as a main contact person. If you wish to do so please indicate below.</p> <p>_____ Name of Representative</p> <p>_____ E-Mail Address</p>
---

**Each attorney must complete a separate form**