



The Guardians Association of the New York State Courts, Inc.
Membership Application

Dear Applicant,

Thank you for your interest in joining the Guardians Association of the New York State Courts, Inc. We would appreciate your furnishing the following information:

Name: _____

Address: _____

City, State: _____ Zip: _____

Home Tel: _____ Business Tel: _____

Email: _____

Court Facility (Location): _____

Circle One
CIVIL
CRIMINAL
FAMILY
OTHER _____

Circle One
COURT ASSISTANT
COURT OFFICER / TRAINEE
SCO
CLERK

Circle One
SGT
LT
CAPT
MAJOR

Membership Fees: \$5.00
Dues: \$24.00

PLEASE RETURN THIS APPLICATION WITH YOUR CHECK OR MONEY ORDER
PAYABLE TO: The Guardians Association of the NYS Courts, Inc.
P.O. Box 524021
Bronx, NY 10452

Applicant Signature

Date

The Guardians Assn of the NYS Courts, Inc., is an affiliate of the following organizations:
THE GRAND COUNCIL OF GUARDIANS
NATIONAL ASSOCIATION OF BLACK LAW ENFORCEMENT OFFICERS, INC.

**Print out this page. Fill it out. Mail it in with your payment.
Welcome to the Guardians Association of the NYS Courts!**