

Small Claims Arbitrators  
Association

**SCAA**

**2018-2019 MEMBERSHIP APPLICATION FORM**

PERSONAL DETAILS

Name:	
Law Firm:	
Address:	
Phone Number:	
Email address:	
NY Attorney Registration #:	
Year You Became an Arbitrator:	
County Prefer to Arbitrate in:	

AGREEMENT and SIGNATURE

I confirm and understand that:

- a) I am a licensed New York attorney and have been admitted for at least 5 years.
- b) I am currently registered and in good standing with the New York State Bar.
- c) I have received Small Claims Arbitrator Training as required for eligibility as a member.
- d) All information I have supplied is true and accurate.
- e) If any of the supplied information is false or misleading, or if I do anything that is deemed to be not in the best interests of the SCAA that my membership can be terminated.
- f) By signing this document, that I agree to abide by the conditions and rules of membership.

SIGNATURE:	
DATE:	

Please include with this form a check in the amount of \$50.00 payable to "Small Claims Arbitrators Association" and mail everything to:

Small Claims Arbitrators Association, Inc.  
c/o Avi Naveh, Esq.  
175 Varick Street, 3rd Floor  
New York, New York 10014

**\*\* THANK YOU FOR COMPLETING THIS APPLICATION FORM AND YOUR INTEREST IN BECOMING A MEMBER OF SCAA \*\***

SCAA Administration Use Only:	
Membership Number:	
Start Date:	
End Date:	
Misc.:	