

IF YOU WOULD LIKE A MENTOR, PLEASE COMPLETE THE FOLLOWING APPLICATION:

_____ I am a new or current STUDENT NYCPA member and would like a mentor.

_____ I am a new ACTIVE NYCPA member and would like a mentor. (*Joined within the past six months*)

Name: _____
Employer/School: _____
Address: _____
City/State/Zip: _____
Work Phone: _____
Work Fax: _____
Home Phone: _____
Mobile Phone: _____
E-mail Address: _____
We will try to pair individuals who practice in the same area of law. What is your practice area/interest? _____ _____

E-mail YOUR COMPLETED FORM to MARIANA FRADMAN @ mentor@nyc-pa.org OR MAIL TO NYCPA AT B.O.Box 4484 Grand Central Station, New York, New York 10163-4484

Sincerely,

Mariana Fradman
Mentor Committee Chairperson