



New York State Public Employer Labor Relations Association

Principal/Agency Only Membership Application

Date: _____

Agency: _____

Principal #1 Name: _____ Title: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ E-mail (required): _____

Contact ID Number: _____

Principal #2 Name: _____ Title: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ E-mail (required): _____

Contact ID Number: _____

AGENCY ONLY Member #1 Name: _____ Title: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ E-mail (required): _____

AGENCY ONLY Member #2 _____ Title: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ E-mail (required): _____



New York State Public Employer Labor Relations Association

Agency Principal Membership - \$430 annually

Open to any unit of local government, any institution of higher education or department or agency of state government or inter-governmental organization. Agency Principal membership carries two National PELRA/NYSPELRA memberships.

Agency Principal Membership includes two (2) NPELRA/NYSPELRA Memberships plus two (2) NYSPELRA AGENCY ONLY Memberships.

Additional AGENCY ONLY members of said Agency can purchase membership for \$90/year.

Agency Membership \$90 annually (NYSPELRA Membership ONLY)

Must have an active Agency Principal Membership. Open to any unit of local government, any institution of higher education or department or agency of state government or inter-governmental organization. Agency membership carries two NYSPELRA only memberships.

Do you represent management exclusively? Yes No

The jurisdiction I represent Does Does Not, deal with employee unions/associations.

Please email application to Krista@NPELRA.org.

For Further Questions please call National PELRA at 858.299.3150

To Pay by Check:

Agency Principal Memberships will mail check to: National PELRA
10951 Sorrento Valley Road, Suite 2K
San Diego, CA 92121

Any additional AGENCY ONLY Members (other than the 2 provided for on this form) will contact Jack Kalinkewicz at jjkperassoc@yahoo.com. Payments for additional AGENCY ONLY Memberships will be sent to:

NYSPELRA
c/o Jack Kalinkewicz
57 Rum Cherry Road
Ballston Spa, NY 12020

To Pay by Credit Card: MasterCard Visa Amex Discover

Card # _____ Exp. Date: _____

CCV # _____ Authorized Amount: \$ _____

Name on Card: _____

Billing Address: _____

Signature: _____ Date: _____

I hereby authorize NPELRA to charge the credit card listed above in the amount listed above. This charge is payment for fees/service and is accepted in good faith by National PELRA. By signing, I acknowledge that I am an authorized signatory for the above referenced card.