



**Columbian Lawyers Association
of Westchester County**



Please join us for

**Cocktails and Light Dinner Reception for
the Election
of Officers and Directors**

Wednesday, November 13, 2024 at 6:00 PM

LA BOCCA

8 Church Street

White Plains, NY 10601

(914) 948-3281

\$65 per person with paid 2024 dues otherwise \$80/person

Please RSVP to

gbilotto@gmail.com or by telephone at 914-683-9487

Paypal or credit card payments can be made on the website

I wish to attend

Enclosed is a check in the amount of \$_____ for _____ individual tickets

I wish to donate to the Judge Nicolai Scholarship Fund for Pace Law students

Enclosed is a check in the amount of \$_____

Make Checks payable to: "Columbian Lawyers Association"

c/o Gerard Bilotto, Esq.

The Law Offices of Gerard Bilotto, PC

80 Winding Ridge Rd., Suite 2

White Plains, New York 10603

Email: Westchestercla@gmail.com

<https://clawny.org/>

NAME: _____

ADDRESS: _____

TELEPHONE NUMBER: _____

EMAIL ADDRESS: _____

**COLUMBIAN LAWYERS ASSOCIATION OF
WESTCHESTER COUNTY
2025 DUES NOTICE**

January 1, 2025 through December 31, 2025



Name: _____ Amount Enclosed: _____

Please check one:

Attorney Members (<i>of Italian heritage</i>)		\$100.00
New Attorney Members (<i>admitted to the Bar in 2020 or later</i>)		Exempt
Student Members		Exempt
Friends of the Association (<i>Not otherwise eligible for membership and non-Lawyer Professionals</i>)		\$100.00
Voluntary Contribution to Hon. Frank Nicolai Scholarship Fund		\$ _____
Voluntary Contribution to Hon. James R. Caruso Scholarship Fund		\$ _____

Please make checks payable to:

Columbian Lawyers of Westchester County or visit PayPal at <https://clawny.org/>

Return to: Hillary Nappi, Esq.
Hach Rose Schirripa & Cheverie LLP
112 Madison Ave., 10th Fl
New York, NY 10016
(212) 213-8311

Please complete so that we may continue to keep our records updated and update our website with your contact information:

CONTACT INFORMATION

Name: _____

Firm Name: _____

Address: _____

Phone: _____ **Fax:** _____

E-mail: _____

Website: _____

Practice Areas: _____
(limit 2)

Would you like your contact information included on our website as a paid member: _____ YES _____ NO