



# ACLEA ORGANIZATION MEMBERSHIP APPLICATION

## Applicant Information

Organization Name \_\_\_\_\_  
 Street address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ ZIP code \_\_\_\_\_ Country \_\_\_\_\_  
 Telephone \_\_\_\_\_ Fax \_\_\_\_\_  
 Organization website \_\_\_\_\_

## Primary Contact Information

Primary Contact Name \_\_\_\_\_  
 Telephone \_\_\_\_\_ Email \_\_\_\_\_

## CLE Organization type: (select one)

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Bar Association - Local/Specialty   | <input type="checkbox"/> Government/Judicial Agency                    | <input type="checkbox"/> Law Society - Provincial       |
| <input type="checkbox"/> Bar Association - State/ Provincial | <input type="checkbox"/> Independent/Entrepreneur                      | <input type="checkbox"/> Legal Publisher                |
| <input type="checkbox"/> CLE Regulators                      | <input type="checkbox"/> Law Firm or Law Department/In-House Education | <input type="checkbox"/> National/Regional              |
|  |  | <input type="checkbox"/> Other (please describe): _____ |

## Membership Level and Dues

Please choose one:

Number of Members	Dues Amount	Number of Members	Dues Amount
<input type="checkbox"/> 2	\$478.00	<input type="checkbox"/> 12	\$2,059.00
<input type="checkbox"/> 3	\$692.00	<input type="checkbox"/> 13	\$2,179.00
<input type="checkbox"/> 4	\$853.00	<input type="checkbox"/> 14	\$2,298.00
<input type="checkbox"/> 5	\$1,014.00	<input type="checkbox"/> 15	\$2,418.00
<input type="checkbox"/> 6	\$1,175.00	<input type="checkbox"/> 16	\$2,538.00
<input type="checkbox"/> 7	\$1,336.00	<input type="checkbox"/> 17	\$2,657.00
<input type="checkbox"/> 8	\$1,498.00	<input type="checkbox"/> 18	\$2,777.00
<input type="checkbox"/> 9	\$1,659.00	<input type="checkbox"/> 19	\$2,896.00
<input type="checkbox"/> 10	\$1,820.00	<input type="checkbox"/> 20	\$3,016.00
<input type="checkbox"/> 11	\$1,940.00		

(For office use only)

initials	fin.
date	
CK/CC	
amt. paid	
bal. due	

## Payment Information

Check (payable to ACLEA)       Visa     Mastercard     AmEx  
 Card Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ Security Code: \_\_\_\_\_  
 Name on Card: \_\_\_\_\_ Signature: \_\_\_\_\_  
 Billing Address (include ZIP code): \_\_\_\_\_

**Membership period: Anniversary (one year from joining)**  
**Membership fees are due annually on the anniversary of your join date.**  
**Membership is non-transferable.**



# ACLEA INDIVIDUALS INCLUDED IN ORGANIZATIONAL MEMBERSHIP

Functional SIGs: All ACLEA Members are invited to join the Functional SIGs and the corresponding listserv(s). Please check the Functional SIGs and listservs you would like to join:

Name \_\_\_\_\_  
Email address \_\_\_\_\_  
SIG/Listserv:  Executive Leadership  Marketing  Programming  Publications  Technology

Name \_\_\_\_\_  
Email address \_\_\_\_\_  
SIG/Listserv:  Executive Leadership  Marketing  Programming  Publications  Technology

Name \_\_\_\_\_  
Email address \_\_\_\_\_  
SIG/Listserv:  Executive Leadership  Marketing  Programming  Publications  Technology

Name \_\_\_\_\_  
Email address \_\_\_\_\_  
SIG/Listserv:  Executive Leadership  Marketing  Programming  Publications  Technology

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Email address \_\_\_\_\_  
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SIG/Listserv:  Executive Leadership  Marketing  Programming  Publications  Technology

Name \_\_\_\_\_  
Email address \_\_\_\_\_  
SIG/Listserv:  Executive Leadership  Marketing  Programming  Publications  Technology

Please make additional copies as needed.

Reviewed 5/1/2017