



# ACLEA INDIVIDUAL MEMBERSHIP APPLICATION

## Applicant Information

Name Mr. or Ms. (circle one) \_\_\_\_\_  
Job title \_\_\_\_\_  
Organization \_\_\_\_\_  
Street address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ ZIP code \_\_\_\_\_ Country \_\_\_\_\_  
Telephone \_\_\_\_\_ Email \_\_\_\_\_

## CLE Organization type: (select one)

- |   |  |
|---|--|
| <input type="checkbox"/> Bar Association - Local/Specialty  | <input type="checkbox"/> Law School                    |
| <input type="checkbox"/> Bar Association - State/Provincial | <input type="checkbox"/> Nationals/Regionals           |
| <input type="checkbox"/> Law Firm or Law Dept/In-House      | <input type="checkbox"/> Vendor/Speaker                |
| Education   | <input type="checkbox"/> Other, please describe: _____ |

## In which areas of CLE do you have responsibility?

*Please select all that apply.*

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Audio-Visual       | <input type="checkbox"/> Marketing         | <input type="checkbox"/> Technology                    |
| <input type="checkbox"/> Executive Director | <input type="checkbox"/> Programs/Seminars | <input type="checkbox"/> Other (please explain): _____ |
| <input type="checkbox"/> Financial          | <input type="checkbox"/> Publications      |  |
| <input type="checkbox"/> Management         | <input type="checkbox"/> Support Staff     |  |

## Special Interest Groups (SIGs)

Organizational SIGs: ACLEA Members meeting the criteria for membership in an organizational SIG are automatically placed in one of the following: Bar Assn: Local/Specialty, Bar Assn: State/Provincial, Law Firm or Law Dept/In-House Education, Law School, National/Regional, Vendor/Speaker.

You will also be subscribed to the corresponding listserv. Organizational SIG listservs include only members of the SIG. If you do not wish to be included on the appropriate Organizational SIG listserv, please check here

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:

### Join SIG/Listserv:

- Executive Leadership    International    Marketing/Programming    Publications    Technology

ACLEA has my permission to email me information regarding my membership and ACLEA's educational offerings.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

- I have read and grant consent to use my data as outlined in the privacy policy ([www.aclea.org/privacy\\_policy](http://www.aclea.org/privacy_policy)).

## Payment Information

**Individual Membership is US \$265.**

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

(For office use only)

initials		fin.
date		
CK/CC		
paid		

## PCI Compliance

Please do not email forms with credit card information. To protect your data and to comply with PCI standards, the ACLEA office will not accept emailed credit card information.

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