



ASSOCIATE PROGRAM MEMBERSHIP FORM

Associate Members are organizations who are involved in civil legal or defender services but do not provide these services as their primary purpose. Associate Members include, but are not limited to: pro bono and lawyer referral programs, bar associations, IOLTA programs, student legal services programs, and specialized advocacy or support organizations. If you have questions, please contact Member Services at 202-452-0620 ext. 215 or 234.

MEMBER DATA:

Organization _____

Contact Name _____ Title _____

Address _____

City _____ State _____ Zip _____

Email _____ Work Phone _____

Fax _____ Home _____

ORGANIZATION DATA
Please indicate the number of staff at your organization (all offices) in the categories below:

Attorneys: _____

Other Staff: _____

Total Staff: _____

BUDGET INFORMATION – (Operating budget or portion of budget dedicated to the delivery of legal services.)

Year: _____

Budget: _____

Funding Sources: _____

CASELOAD INFORMATION

What percentage of your clients are indigent? _____ Do you charge indigent clients for services? _____

Describe the type of cases handled by your organization: _____

MEMBERSHIP DUES CALCULATION

Your annual dues are computed by multiplying your legal services budget by .0016

\$ _____ x .0016 = \$ _____ (Minimum dues=\$150; Maximum dues=\$3,300)

Budget Information (see above) Annual Dues

PAYMENT INFORMATION:

- Check enclosed (payable to NLADA) in the amount of \$ _____
- Purchase Order Enclosed
- Charge to: Visa MasterCard (Please FAX Credit Card Payments to: 202-872-1031)

Card #: _____ Exp. Date: _____

Signature: _____ Name on Card: _____

