

## 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 METHODS:

- Submit a **Check** with this form to:  
**NLADA**  
**PO Box 79083**  
**Baltimore, MD 21279-0083**

- Pay Online at [nlada.org/eweb](http://nlada.org/eweb)

\* Credit card payments **must be submitted through our secure online system** at [nlada.org/eweb](http://nlada.org/eweb). NLADA does not accept credit card payments through mail, email, or fax.

## BRANCH OFFICE INFORMATION — TOTAL NUMBER OF BRANCH OFFICES: \_\_\_\_\_

Please complete information below and/or attach a program roster as a separate page and return with your completed Membership Form. Please be sure to include available e-mail addresses for all contacts.

**All Branch Office Contacts will receive NLADA program member mailings.**

**Branch Office Name** \_\_\_\_\_

Managing Attorney (or key contact) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

E-mail \_\_\_\_\_ Telephone \_\_\_\_\_ Fax \_\_\_\_\_

**Number of attorneys at this branch:** \_\_\_\_\_

**Branch Office Name** \_\_\_\_\_

Managing Attorney (or key contact) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

E-mail \_\_\_\_\_ Telephone \_\_\_\_\_ Fax \_\_\_\_\_

**Number of attorneys at this branch:** \_\_\_\_\_

**Branch Office Name** \_\_\_\_\_

Managing Attorney (or key contact) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

E-mail \_\_\_\_\_ Telephone \_\_\_\_\_ Fax \_\_\_\_\_

**Number of attorneys at this branch:** \_\_\_\_\_

### SIGN & SUBMIT PAYMENT:

\_\_\_\_\_  
Executive Director                      Date                      Signature

☐ **New Member\***: The above organization hereby applies for an Associate Program Membership in the National Legal Aid & Defender Association. We understand that membership in good standing entitles us to all NLADA membership services, including eligibility for the NLADA Insurance Program. We are enclosing a brief description of our organization and other relevant material about our operations (i.e. Annual Report). \*Associate Program Membership in NLADA is subject to final approval by the Board of Directors.

**Please make check payable to NLADA and mail to:**

**NLADA  
PO Box 79083  
Baltimore, MD 21279-0083**

**Tel: 202-452-0620    Fax: 202-872-1031    Web: [www.nlada.org](http://www.nlada.org)**