

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: _____

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