

2017 CIVIL PROGRAM MEMBERSHIP FORM

Please provide the information requested below and return your completed membership application with appropriate dues payment to: **NLADA**, **PO Box 79083**, **Baltimore**, **MD 21279-0083**. If you have questions, please contact Member Services at 202-452-0620 ext. 215 or 234.

MEMBER DATA:

Program Name:					
Contact Name:					
Title:					
Address:					
City, State, Zip:					
Phone:	Fax:		Toll Fr	ee:	
E-mail:	V	Veb site:			
ORGANIZATION DATA:					
Attorneys Paralega	als Tota	al Staff:	Branch Off	ices (please	e complete page 2)
BUDGET INFORMATION: The dues calculation for each organiz	ation is based on anr	nual budget. Plea	se complete the in	formation below to calc	ulate your dues.
Total Annual Budget for Current Yea <u>Budget Detail:</u>	•	ources) \$			
LSC Funding \$ IOLTA \$		r Americans Act	\$		
IOLTA \$ Title XX \$	-	County Funding Funding	\$ \$		
United Way \$		r Sources *	\$		
* Please List Other Sources:					
MEMBERSHIP DUES & SUBSCRIPTION FEES: Please note: Membership dues must be paid from non-LSC funds; Subscription fees may be paid with LSC funds. Your annual dues are computed by multiplying your total annual budget by the appropriate dues factor.					
☐ Non-LSC Funded Program: Dues	factor = .0016				
\$	<u>.0016</u> = \$		(Minimuı	m dues = \$150; Maximui	m Dues =\$5,500)
Total Annual Budget	Dues Factor	Total Dues			
☐ LSC Funded Program with Annual Budget less than \$2.4 million: Dues factor = .0025					
\$ Total Annual Budget	(<u>.0025</u> = \$ Dues Factor	Total Dues	(Minimui	m dues = \$150)	
•					
LSC Funded Program with Annua	· ·				get:
□ \$2,400,000 - \$3,000,000 Budge □ \$3,000,001 - \$4,000,000 Budge □ \$4,000,001 - \$5,000,000 Budge □ \$5,000,001 - \$6,000,000 Budge	: \$6,750 : \$7,500	□ \$7,000,001 - \$8 □ \$8,000,001 - \$9	7,000,000 Budget: \$ 8,000,000 Budget: \$ 9,000,000 Budget: \$ Greater Budget: \$1	9,000 9,500	
□ Subscription Fees: Must be a Civil Program Member to subscribe. See enclosed descriptions. □ NLADA UPDATE and NLADA Federal Regulatory Memos \$1,000					
TOTAL AMOUNT ENCLOSED: \$		f	or payment of a	nnual dues and sub	scriptions.

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) City ______ State _____ ZIP _____ Number of attorneys at this branch: _____ Branch Office Name Managing Attorney (or key contact) City ______ State _____ ZIP _____ Number of attorneys at this branch: _____ **SIGN & SUBMIT PAYMENT: METHOD OF PAYMENT:** □ Check Enclosed □ Visa □ MasterCard Credit Card # Exp. Date Signature of Cardholder Signature **Executive Director** Date □ New Member*: The above organization hereby applies for a Civil 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). *Civil 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

Please FAX Credit Card Payments to: 202-872-1031

Questions? Contact us at: 202-452-0620, ext. 234 or 215 · Send e-mail to: membership@nlada.org FAX 202-872-1031 · www.nlada.org