

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			
Email	Work Phone		
Fax	Home		
	BUDGET INFORMATION – (Operating budget or portion of budget dedicated to the delivery of legal services.) Year: Budget: Funding Sources: Do you charge indigent clients for services?		
MEMBERSHIP DUES CALCULATION Your annual dues are computed by multiplying	your legal services budget by .0016		
\$x .0016 = \$ Budget Information (see above)	(Minimum dues=\$150; Maximum dues=\$3,300)		
PAYMENT METHODS: Submit a check with this form to: NLADA PO Box 79083 Baltimore, MD 21279-0083			

NLADA ♦ PO Box 79083 ♦ Baltimore, MD 21279-0083 ♦ TEL 202.452.0620 ♦ FAX 202.872-1031

* Credit Card payments must be submitted through our secure online system at nlada.org/eweb. NLADA does not accept

Pay Online at <u>nlada.org/eweb</u>

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				
		ZIP		
E-mail	Telephone		Fax	
Number of attorneys at this branch: _				
Branch Office Name				
Managing Attorney (or key contact)				
Address				
City				
E-mail	Telephone		Fax	
Number of attorneys at this branch: _				
Branch Office Name				
Managing Attorney (or key contact)				
Address				
City				
E-mail	Telephone		Fax	
Number of attorneys at this branch: _				
SIGN & SUBMIT PAYMENT	:			
Executive Director	 Date	Signature		
☐ New Member*: The above organiza Association. We understand that member NLADA Insurance Program. We are en Annual Report). *Associate Program M	ership in good standing entitles closing a brief description of our	us to all NLADA membe organization and other r	rship services, including eli elevant material about our	gibility for the
F	Please make check payabl	e to NLADA and r	nail to:	
	NLA	DA		

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