

2020 CIVIL PROGRAM MEMBERSHIP RENEWAL 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:				
Address:				
City, State, Zip:				
			Toll Free:	
E-mail:		Web site:		
ORGANIZATION DA	TA:			
Attorneys	Paralegals	Total Staff:	Branch Offices	(please complete page 2)
BUDGET INFORMA' The dues calculation for ea Total Annual Budget for C	ach organization is bas	•	ease complete the information b	•
Budget Detail:	and the same	Ψ.		-
LSC Funding \$		Older Americans Act	\$	
		City/County Funding	\$	
		State Funding	\$	
United Way \$		Other Sources *	\$	
* Please List Other Sour	rces:			
MEMBERSHIP DUES		_	otion fees may be paid with LSC	funds
Your annual dues are compu				
☐ Non-LSC Funded Pro	gram: Dues factor =	.0016		
<u> </u>	x <u>.0016</u>	= \$	(Minimum dues = \$	150; Maximum Dues =\$5,500
Total Annual Budget	Dues Fact	or Total Dues		
J LSC Funded Program	with Annual Budget	less than \$2.4 million:	Dues factor = .0025	
<u> </u>	x <u>.0025</u>	= \$	(Minimum dues = \$	150)
Total Annual Budget	Dues Fact	or Total Dues		
☐ LSC Funded Program	with Annual Budget	\$2.4 million or greater,	please pay the flat rate corres	ponding to budget:
3 \$2,400,000 - \$3,000			\$7,000,000 Budget: \$8,500	
\$3,000,001 - \$4,000			\$8,000,000 Budget: \$9,000	
□ \$4,000,001 - \$5,000 □ \$5,000,001 - \$6,000			\$9,000,000 Budget: \$9,500 or Greater Budget: \$10,000	
	•		. See enclosed description.	
-	•	Regulatory Memos - \$1,0	•	
				es and subscriptions.

Branch Office Information — Tota	L NUMBER OF BRANCH	OFFICES:	
Please complete information below and/or Membership Form. Please be sure to inclu			with your completed
All Branch Office Contacts will receive	NLADA program memb	er mailings.	
Branch Office Name			
Managing Attornov (or key contact)			
Address			
City			
E-mail	Telephone	Fax	
Number of attorneys at this branch:			
Branch Office Name			
Address			
City	State	ZIP	
E-mail	Telephone	Fax	
SIGN & SUBMIT PAYMENT: METHOD OF PAYMENT: Submit a Check with this form NLADA PO Box 79083 Baltimore, MD 21279-008 Pay Online at nlada.org/ewell	m to:		
* Credit Card payments must be submit accept credit card payments through ma	tted through our secure	online system at nlada.org/e	veb. NLADA does not
Executive Director	Date	Signature	
□ New Member*: The above organization here We understand that membership in good standin Program. We are enclosing a brief description or *Civil Program Membership in NLADA is subject	ng entitles us to all NLADA me f our organization and other r	mbership services, including eligibili elevant material about our operation	ty for the NLADA Insurance
<u>Please m</u>	nake check payable to	NLADA and mail to:	
	NLADA PO Box 790 Baltimore, MD 21		