

2021CIV

2021 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.

MEMBER DATA:				
Program Name:				
Contact Name:				
Title:				
	Fax:			
E-mail:	Web site:			
ORGANIZATION DAT	CA:			
Attorneys	Paralegals	Total Staff:	Branch Offices	(please complete page 2)
BUDGET INFORMAT The dues calculation for each	_	ed on annual budget. Ple	ase complete the information b	elow to calculate your dues.
Title XX \$ United Way \$		Older Americans Act City/County Funding State Funding Other Sources *	\$ \$ \$	
MEMBERSHIP DUES Please note: Membership do Your annual dues are compute Non-LSC Funded Progr	ues must be paid from d by multiplying your to	non-LSC funds; Subscript tal annual budget by the app 0016		funds. I 50; Maximum Dues =\$5,500)
Total Annual Budget	Dues Facto		(MIIIIIIIIII aues – p	130, Maximum Dues -\$3,300)
☐ LSC Funded Program v	vith Annual Rudget I	ess than \$2.4 million: D	ues factor = 0025	
\$	x .0025	= \$	(Minimum dues = \$1	150)
Total Annual Budget	Dues Facto	r Total Dues	(MIIIIIIIIIII	100)
☐ LSC Funded Program v	vith Annual Budget \$	52.4 million or greater, p	lease pay the flat rate corres	ponding to budget:
\$2,400,000 - \$3,000,000 \$3,000,001 - \$4,000,000 \$4,000,001 - \$5,000,000 \$5,000,001 - \$6,000,000 \$5,000,001 - \$6,000,000 \$5,00	000 Budget: \$6,750 000 Budget: \$7,500	□ \$7,000,001 – □ \$8,000,001 –	\$7,000,000 Budget: \$8,500 \$8,000,000 Budget: \$9,000 \$9,000,000 Budget: \$9,500 Greater Budget: \$10,000	
•	•		See enclosed description.	
☐ NLADA UPDATE ar	nd NLADA Federal R	egulatory Memos - \$1,00	00	
TOTAL AMOUNT ENCLO	<u>SED:</u> \$		for payment of annual due	es and subscriptions.

Branch Office Information -	— Total Number of Branch	Offices:			
Please complete information below Membership Form. Please be sure	. •		return with your completed		
All Branch Office Contacts will	receive NLADA program mem	ber mailings.			
Branch Office Name					
Managing Attorney (or key contact)					
Address					
City	State	ZIP			
E-mail	Telephone		Fax		
Number of attorneys at this branch	ı:				
Branch Office Name					
Managing Attorney (or key contact)					
Address					
City					
E-mail	Telephone		Fax		
Number of attorneys at this branch	ı:				
SIGN & SUBMIT PAYMENT	:				
METHOD OF PAYMENT:					
Submit a <u>Check</u> with NLADA	this form to:				
PO Box 79083					
Baltimore, MD 21	279-0083				
 Pay Online at nlada.e * Credit Card and ACH online nlada.org/eweb. NLADA does n 	check payments must be subm				
Executive Director	 Date	Signature			
☐ New Member*: The above organiz We understand that membership in go Program. We are enclosing a brief detaction *Civil Program Membership in NLADA	od standing entitles us to all NLADA m scription of our organization and other	embership services, including relevant material about our ope	eligibility for the NLADA Insurance		
<u>P</u>	lease make check payable t	o NLADA and mail to:			
	NLADA				
PO Box 79083 Baltimore. MD 21279-0083					

2021CIV