

INDIVIDUAL MEMBERSHIP APPLICATION

Please provide the information requested below and return your completed membership application and dues payment to: NLADA, PO Box 79083, Baltimore, MD 21279-0083. Questions? Call us at (202) 452-0620, ext. 215 or ext. 234

E-mail: membership@nlada.org Fax: (202) 872-1031

CONTACT INFORMATON Name		Referred By:		
IMPORTANT: Please	indicate your affiliation: ilings and publications you will receive	☐ Civil	□ Defender	☐ Both
Address				
City		State	Zip	
		Home Phone		
INDIVIDUAL MEMBERSHIP CATEGORIES & D Please check the box corresponding to the type of membership for vare applying: Sustaining Member \$150 Individual Attorney \$100 (\$75 if program member employ \$100 (\$40 if program member employ \$1500 (Can be paid over 3 years)		for which you employee) nployee)	your voting classificat you will be eligible to Policy Group election Public Member Defender Indiv. M	at you check the box corresponding to tion. This determines what candidates vote for in the annual NLADA Board and
SPECIAL INTERES Individual members may er	T SECTIONS nroll in any special interest section from	m the list below b	paying the appropriate of	corresponding section dues.
☐ Client Section - \$5 (opt☐ Latino Advocates Secti☐ National Alliance of Ind☐ National Alliance of Sec	on - \$25	ection - \$10 ☐ stion - \$5 ☐ prmerly Defende	Technology Section - \$' Student Legal Services Trainers Section - \$24 AMS) - \$25	15 ☐ Farmworker Law Section - \$5
	nited States and its territories, include			
PAYMENT INFORMATION * Membership Dues \$ Section Dues Enclosed \$		M	NLADA PO Box 7908	eck with this form to:
Tax-Deductible Donation	\$			at <u>nlada.org/eweb</u>
on			Credit Card payments must be submitted through our secure line system at nlada.org/eweb. NLADA does not accept credit rd payments through mail, email, or fax.	

^{*} NLADA is a 501(c)(3) non-profit organization. Federal Tax ID #: 36-2337880.