



2024 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.

MEMBER DATA:

Program Name: _____
 Contact Name: _____
 Title: _____
 Address: _____
 City, State, Zip: _____
 Phone: _____ Fax: _____ Toll Free: _____
 E-mail: _____ Web site: _____

****REQUIRED - Please complete No. of Attorneys and Total Staff****

ORGANIZATION DATA:

Attorneys _____ Paralegals _____ Total Staff: _____ Branch Offices _____ (please complete page 2)

BUDGET INFORMATION:

The dues calculation for each organization is based on annual budget. Please complete the information below to calculate your dues.

Total Annual Budget for Current Year (from all revenue sources) \$ _____

Budget Detail:

LSC Funding	\$ _____	Older Americans Act	\$ _____
IOLTA	\$ _____	City/County Funding	\$ _____
Title XX	\$ _____	State Funding	\$ _____
United Way	\$ _____	Other Sources *	\$ _____

* Please List Other Sources: _____

Jan. 1, 2024 to Dec. 31, 2024 membership period. Please complete information below and return with payment.

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

$$\begin{array}{rcl}
 \$ \underline{\hspace{2cm}} & \times & \underline{.0016} = \$ \underline{\hspace{2cm}} \quad (\text{Minimum dues} = \$150; \text{Maximum Dues} = \$5,500) \\
 \text{Total Annual Budget} & & \text{Dues Factor} \qquad \qquad \text{Total Dues}
 \end{array}$$

LSC Funded Program with Annual Budget less than \$2.4 million: Dues factor = .0025

$$\begin{array}{rcl}
 \$ \underline{\hspace{2cm}} & \times & \underline{.0025} = \$ \underline{\hspace{2cm}} \quad (\text{Minimum dues} = \$150) \\
 \text{Total Annual Budget} & & \text{Dues Factor} \qquad \qquad \text{Total Dues}
 \end{array}$$

LSC Funded Program with Annual Budget \$2.4 million or greater, please pay the flat rate corresponding to budget:

- | | |
|--------------------------------------------------------------------|--------------------------------------------------------------------|
| <input type="checkbox"/> \$2,400,000 – \$3,000,000 Budget: \$6,000 | <input type="checkbox"/> \$6,000,001 – \$7,000,000 Budget: \$8,500 |
| <input type="checkbox"/> \$3,000,001 – \$4,000,000 Budget: \$6,750 | <input type="checkbox"/> \$7,000,001 – \$8,000,000 Budget: \$9,000 |
| <input type="checkbox"/> \$4,000,001 – \$5,000,000 Budget: \$7,500 | <input type="checkbox"/> \$8,000,001 – \$9,000,000 Budget: \$9,500 |
| <input type="checkbox"/> \$5,000,001 – \$6,000,000 Budget: \$8,000 | <input type="checkbox"/> \$9,000,001 or Greater Budget: \$10,000 |

Pro-rate Dues: \$ _____ x _____ = \$ _____

Total Annual Dues (# Months Left in Year / 12) Pro-rated Dues

Subscription Fees: Must be a Civil Program Member to subscribe.

See enclosed description. **NLADA UPDATE and NLADA Federal Regulatory Memos - \$1,000**

TOTAL AMOUNT ENCLOSED: \$ _____ **for payment of annual dues and subscriptions.**

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 _____

City _____ State _____ ZIP _____

E-mail _____ Telephone _____ Fax _____

Number of attorneys at this branch: _____

Branch Office Name _____

Managing Attorney (or key contact) _____

Address _____

City _____ State _____ ZIP _____

E-mail _____ Telephone _____ Fax _____

Number of attorneys at this branch: _____

SIGN & SUBMIT PAYMENT:

METHOD OF PAYMENT:

- Submit a **Check** with this form to:

NLADA

PO Box 79083

Baltimore, MD 21279-0083

- Pay Online at **nlada.org/eweb**

** Credit Card and ACH online check payments **must be submitted through our secure online system** at nlada.org/eweb. NLADA does not accept credit card payments through mail, email, or fax.*

Executive Director _____ Date _____ Signature _____

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.*