

ASSOCIATE PROGRAM MEMBERSHIP FORM

Associate Members are organizations who are involved in civil I or defender legal 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 Email: membership@nlada.org.

Organiz	zation			
Contact	t Name	Title		
Address	S	_		
City		State Zip		
Email		Work Phone		
		Home		
	ORGANIZATION TYPE Assigned Counsel Bar Association Bar-Sponsored Pro Bono Program Contract Defender Corporate Pro Bono Program Government Agency Lawyer Referral Service Law School Sponsored Legal Clinics Non-Lawyer Program/Professionals Pro Bono Program Public Interest (Advocacy, Civil Rights/Liberties or Social Service)	ORGANIZATION DATA **REQUIRED - Please indicate the number of staff at your organization (all offices) in the categories below: Attorneys: Total Staff: O GO PAPERLESS - OPT OUT OF RECEIVING NLADA MAILINGS BUDGET INFORMATION - (Operating budget or portion of budget dedicated to the delivery of legal services.) Year: Budget: Funding Sources:		
Your a	BERSHIP DUES CALCULATION annual dues are calculated by multiplying y			
\$ Budo	get Information (see above) x .0016 = \$	(Minimum dues=\$150; Maximum dues=\$3,300)		

NLADA

PO Rest 70082

PO Box 79083

Baltimore, MD 21279-0083

Pay Online at https://my.nlada.org/my-account/my-profile/

^{* &}lt;u>Credit Card</u> payments <u>must be submitted through our secure online system</u> at https://my.nlada.org/my-account/my-profile/. NLADA does not accept credit card payments through mail, email, or fax.

CASELOAD INFORMATION						
What percentage of your clients are classified as indigent? Do you charge indigent clients for services?						
Describe the type of cases handled by your organization/program:						
BRANCH OFFICE INFORMATION — TOTAL NUMBER OF BRANCH OFFICES:						
Please complete information below and/or atta Membership Form. Please be sure to include a			d return with your completed			
All Branch Office Contacts will receive NLA	DA program mem	ber mailings.				
Branch Office Name						
Managing Attorney (or primary contact)						
Address						
City	State	ZIP	_			
E-mail	_ Telephone		- Fax			
Number of attorneys at this branch:	-					
Branch Office Name						
Managing Attorney (or primary contact)						
Address						
City						
E-mail	_ Telephone		- Fax			
Number of attorneys at this branch:						
,						
SIGN & SUBMIT PAYMENT:						
Executive Director	Date	Signature				
		· ·	ho National Logal Aid & Defender			
Association. We understand that membership in gon NLADA Insurance Program. We are enclosing a bound of the control of the cont	□ New Member*: The above organization hereby applies for an Associate 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). *Associate Program Membership in NLADA is subject to final approval by the Board of Directors.					
Please ma	ıke check payable	to NLADA and mail t	o:			
NLADA						

NLADA PO Box 79083 Baltimore, MD 21279-0083

Tel: 202-452-0620 Fax: 202-872-1031 Web: <u>www.nlada.org</u>

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