

## **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 or E-mail at membership@nlada.org.

## **MEMBER DATA:**

Program Name: \_

Contact Name:					
Title:					
Address:					
City, State, Zip:					
Phone:	Fax:		_Toll Free:		
E-mail:		Web site:			
BUDGET INFORMATION: The due budget. Please complete the information Total Annual Budget for Current Yes Budget Detail:  LSC Funding \$	ear (from all revenue  Older American  City/County Fur  State Funding	s Act \$ ding \$	**REQUIRED - Please complete No. of Attorneys and Total Staff**  Attorneys  Total Staff:  GO PAPERLESS – OPT OUT OF RECEIVING NLADA MAILINGS		
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					
\$	_x <u>.0016</u> = \$_		(Minimum dues = \$150; Maximum Dues =\$5,500)		
Total Annual Budget	<b>Dues Factor</b>	Total Dues			
☐ LSC Funded Program with Annual	l Budget less than \$2.	4 million: Dues factor = .0025			
\$ Total Annual Budget	_x <u>.0025</u> = \$ _ Dues Factor	Total Dues	(Minimum dues = \$150)		
□ LSC Funded Program with Annual Budget \$2.4 million or greater, please pay the flat rate corresponding to budget □ \$2,400,000 − \$3,000,000 Budget: \$6,000 □ \$3,000,001 − \$4,000,000 Budget: \$6,750 □ \$4,000,001 − \$5,000,000 Budget: \$7,500 □ \$4,000,001 − \$5,000,000 Budget: \$7,500 □ \$5,000,001 − \$6,000,000 Budget: \$8,000 □ \$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: \$	NT ENCLOSED: \$ for payment of annual dues and subscriptions.				
BRANCH OFFICE INFORMATION — Total and/or attach a program roster as a separate include available e-mail addresses for all	arate page and return with	•			
All Branch Office Contacts will receive NLADA program member mailings.					
Branch Office Name					
Managing Attornay (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	State	ZIP			
E-mail	Telephone	Fax			
Number of attorneys at this branch:					
SIGN & SUBMIT PAYMENT:					
SIGN & SUDMIT PATMENT:					
Executive Director	Date	 Signature			
New Member*: The above organization here understand that membership in good standing We are enclosing a brief description of our orga Membership in NLADA is subject to final appro	entitles us to all NLADA membe anization and other relevant ma	ership services, including eligibility for the N	LADA Insurance Program.		
	Please make check payable	to NLADA and mail to:			
	NLADA PO Box 79 Baltimore, MD 2	083			
* Credit Card and ACH online check paymen			nlada.org/my-account/my-		

NLADA ♦ PO Box 79083 ♦ Baltimore, MD 21279-0083 ♦ TEL 202.452.0620 ♦ FAX 202.872-1031

2024

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