



# 2022 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, 2022 to Dec. 31, 2022 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

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

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

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

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](http://nlada.org/eweb)**

\* **Credit Card and ACH online check payments *must be submitted through our secure online system* at [nlada.org/eweb](http://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.