

2026 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 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 * \$ _____ |

ORGANIZATION DATA:

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

Attorneys _____

Total Staff: _____

☐ **GO PAPERLESS – OPT OUT OF RECEIVING NLADA MAILINGS**

Jan. 1, 2026 to Dec. 31, 2026 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 **.0016** = \$ _____ (Minimum dues = \$150; Maximum Dues = \$5,500)

Total Annual Budget Dues Factor Total Dues

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

\$ _____ x **.0025** = \$ _____ (Minimum dues = \$150)

Total Annual Budget Dues Factor Total Dues

☐ **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 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:

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.

Please make check payable to NLADA and mail to:

NLADA
PO Box 79083
Baltimore, MD 21279-0083

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

* Credit Card and ACH online check payments **must be submitted through our secure online system** at <https://my.nlada.org/my-account/my-profile>. NLADA does not accept credit card payments through mail, email, or fax.

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