



Affiliate Membership Application Form

Thank you for your interest in joining the Center for Computer-Assisted Legal Instruction (CALI), and demonstrating your commitment to advancing legal education. Please type or print all information.

Applicant Organization: _____				
Address: _____				
Suite/Room: _____				
City: _____	State: _____	Zip Code: _____	Country: _____	
Website: _____				

CALI Representative: _____
 Title: _____
 Phone: _____ Email: _____
 (All communications from CALI will be sent to this email address unless the affiliate member directs otherwise.)

Information & Technical Contact (optional): _____
 Title: _____
 Phone: _____ Email: _____
 (Name of person who should receive information updates, if different from the person listed above.)

Authorization Code Contact (optional): _____
 Title: _____
 Phone: _____ Email: _____
 (Person whose name, phone no., & email address will appear on a CALI web page as the person your staff should contact to obtain the CALI authorization code for faculty/users registration.)

AFFILIATE MEMBERSHIP CATEGORIES: (please check ONE)
 The membership term begins on July 1 and ends on June 30 each year.
This is a non-voting membership.

Dues: \$250.00 USD per each 1,000 users (annually)

<input type="checkbox"/>	Legal Studies Program Membership
<input type="checkbox"/>	Law Firm/Corporate Membership
<input type="checkbox"/>	High School Membership
<input type="checkbox"/>	Government Agency

Method of Payment Information:

(Select One) Send Click to Pay Invoice Check# _____ Total Amount Enclosed: \$ _____

Contact Name: _____

Billing Address: _____

Authorization Signature (Required): _____

Please make checks payable to CALI and mail to:
 The Center for Computer-Assisted Legal Instruction, 565 W. Adams St., Chicago, IL 60661
 Telephone: 312-906-5303 Email: ronella@cali.org
 www.cali.org