

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:	
	State: Zip Code: Country:
Website:	
-	
Phone:	Email:
(All communications from CA	LI will be sent to this email address unless the affiliate member directs otherwise.)
Information & Technical Co	ontact (optional):
Title:	
Phone:	Email:
	eceive information updates, if different from the person listed above.)
	t (optional):
Dhono.	Email:
	., & email address will appear on a CALI web page as the person your staff should contact to
	code for faculty/users registration.)
	LIATE MEMBERSHIP CATEGORIES: (please check ONE)
	mbership term begins on July 1 and ends on June 30 each year.
	This is a non-voting membership.
N #250 00 LICD	Legal Studies Program Membership
Oues: \$250.00 USD per	
each 1,000 users (annually)	Law Firm Membership
	International Law School Membership
	Individual Membership
Method of Payment Informat	cion:
Select One)	MasterCard American Express Check#
otal Amount Enclosed: \$	
	Exp. Date: CVV#
9	
	ed):
athorization signature (require	м).

Please make checks payable to CALI and mail to: