



US Law School 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.)

Invoice Contact (optional): _____

Title: _____

Phone: _____ Email: _____

Name of the person who should received billing information and update, if different from the person listed above.)

Dues: \$8,000.00 USD

The membership term begins on July 1 and ends on June 30 each year.

Method of Payment Information:

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

Credit Card (Call Ronella Norris at 773-329-3675 for processing)