



Individual 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 Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Country: _____ Phone: _____

INDIVIDUAL AFFILIATE MEMBERSHIP

The membership term lasts one year.

Dues: \$250.00 USD (annually)

This is a non-voting membership.

Method of Payment Information:

(Select One) Visa MasterCard American Express Check# _____

Total Amount Enclosed: \$ _____

Credit Card Number: _____ Exp. Date: _____ CVV# _____

Card Holder 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