



# 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)

Membership dues for these organizations are completely free as a resource for staff only.

*This is a non-voting membership.*

<input type="checkbox"/>	Legal Aid Organization
<input type="checkbox"/>	Library School
<input type="checkbox"/>	State Law Library
<input type="checkbox"/>	County Law Library

My signature below attests that I understand that this membership will only be used for employees/staff of the organization. The authorization code will not be distributed to students or visitors.

Authorization Signature (Required): \_\_\_\_\_

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