



Legal Aid and Library Membership Application

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 waived 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/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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 www.cali.org