



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)
The membership term begins on July 1 and ends on June 30 each year.
This is a non-voting membership.

Dues: \$300.00 USD per
each 1,000 users (annually)

Legal Studies Program Membership
Law Firm / Corporate Membership
International Law School Membership

Method of Payment Information:

- ☐ Enclosed is a check for \$300.00
- ☐ Invoice Me

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