



# Government Agency 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.

<b>Applicant Organization:</b> _____			
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

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

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**Please submit form to Ronella Norris:**

The Center for Computer-Assisted Legal Instruction, 565 W. Adams St., Chicago, IL 60661

Telephone: 312-906-5303 Email: [ronella@cali.org](mailto:ronella@cali.org)

[www.cali.org](http://www.cali.org)