



# 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.)

The membership term begins on July 1 and ends on June 30 each year.

**Dues:** \$7500.00 USD (annually)

**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