



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 _____

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: \$250.00 USD per each 1,000 users (annually)

	Legal Studies Program Membership
	Law Firm Membership
	International Law School Membership
	Individual Membership

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