

ACLEA Membership Application

Name Mr. or Ms. (please circle one) _____

Job title _____

Organization _____

Street address _____

City, State/Province, Zip/Postal Code, Country _____

Telephone _____ Fax _____ E-mail _____

Organization's Web Site address _____ Birthday _____

In which area(s) of CLE do you have responsibility?

Please check all that apply

- Audio-visual
- Technology
- Executive Director
- Financial
- Marketing
- Management
- Programs/Seminars
- Publications
- Support Staff (list area): _____
- Other (please explain): _____

Your CLE organization can best be described as a:

- Bar Association – Local/Specialty
- Bar Association - National/State/Provincial
- CLE Regulators
- Government/Judicial Agency
- Independent
- National/Regional
- Law Firm or Law Department In-House Education
- Law School
- Law Society - Provincial
- Legal Publisher
- Other (Please Describe): _____

In what year did your organization begin to offer CLE services? ____

How many years, including prior employment, have you worked in the field of CLE? _____

Have you ever been a member of ACLEA? No Yes When? _____

Special Interest Groups (SIGs)

Organizational SIGs: ACLEA Members meeting the criteria for membership in an organizational SIG are automatically placed in one of the following: Entrepreneurs, In-House; Law Schools; Local & Specialty Bars; Nationals; State & Provincial Bars; CLE Regulators. You will also be subscribed to the corresponding listserv. Organizational SIG listservs include only members of the SIG. If you do not wish to be included on the appropriate Organizational SIG listserv, please check here

Functional SIGs: All ACLEA Members are invited to join the Functional SIGs and the corresponding listserv. Please check the Functional SIGs and listservs you would like to join:

	<u>Executive Leadership</u>	<u>Marketing</u>	<u>Programming</u>	<u>Publications</u>	<u>Technology</u>
Join SIG:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Join Listserv:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

ACLEA has my permission to fax or email me information regarding my membership and ACLEA's educational offerings.

Signature

Date

Payment Information: Check or Money Order (drawn on U.S. banks only) Visa MasterCard AmEx

US \$245 primary member from an organization US \$195 for each additional member from same organization

**Associate and Emeritus Membership applications are also available. Contact the ACLEA Headquarters today for more details.*

Card Number: _____ Exp. Date _____ Security Code: _____

Name on Card: _____ Signature: _____

Billing Address (include. Zip code): _____