

ACLEA Associate Membership Application

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

Job Title _____

Are you an attorney? YES / NO Are you a non-exempt employee? YES / NO Do you supervise any employees? YES / NO

Organization _____

Primary Member's Name _____

Street Address _____

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

Telephone _____ Fax _____ Email _____

Organization's Website Address _____ Birthday _____

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

Please check all that apply.

- Meeting Planning
- Technology
- Program Registration
- Graphic Design
- Office Manager
- Publications
- Other (Please Describe): _____

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? YES / NO When? _____

Special Interest Groups (SIGs)

Organizational SIGs: ACLEA Members and Associate 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>Associate Member</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 \$65 Associate* member from an organization

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

Name on Card: _____ Signature: _____

Billing Address (Include Zip Code): _____

P.O. Box 4646, Austin, TX 78765 (512) 453-4340 (512) 451-2911 (fax) aclea@aclea.org

*The category of Associate Member is limited to non-exempt employees, support staff, and other applicants who are not in a management-level or professional-level position. Associate Members are non-voting members of ACLEA who can not hold the offices listed in Article III of the ACLEA Bylaws.

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