



# ACLEA INDIVIDUAL MEMBERSHIP APPLICATION

## Applicant Information

Name Mr. or Ms. (circle one) \_\_\_\_\_  
Job title \_\_\_\_\_  
Organization \_\_\_\_\_  
Street address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ ZIP code \_\_\_\_\_ Country \_\_\_\_\_  
Telephone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

## CLE Organization type: (select one)

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Bar Association - Local/Specialty   | <input type="checkbox"/> Government/Judicial Agency                    | <input type="checkbox"/> Law Society - Provincial |
| <input type="checkbox"/> Bar Association - State/ Provincial | <input type="checkbox"/> Independent/Entrepreneur                      | <input type="checkbox"/> Legal Publisher          |
| <input type="checkbox"/> CLE Regulators                      | <input type="checkbox"/> Law Firm or Law Department/In-House Education | <input type="checkbox"/> National/Regional        |

## In which areas of CLE do you have responsibility?

*Please select all that apply.*

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Audio-Visual       | <input type="checkbox"/> Marketing         | <input type="checkbox"/> Technology                    |
| <input type="checkbox"/> Executive Director | <input type="checkbox"/> Programs/Seminars | <input type="checkbox"/> Other (please explain): _____ |
| <input type="checkbox"/> Financial          | <input type="checkbox"/> Publications      |  |
| <input type="checkbox"/> Management         | <input type="checkbox"/> Support Staff     |  |

## 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: Bar Assn: Local/Specialty, Bar Assn: State/Provincial, CLE Regulators, Government/Judicial Agency, Independent/Entrepreneur, Law Firm or Law Dept/In-House Education, Law School, Law Society/Provincial, Legal Publisher, National/Regional, Other (please describe) \_\_\_\_\_.

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(s). Please check the Functional SIGs and listservs you would like to join:

Join SIG/Listserv:      Executive Leadership      Marketing      Programming      Publications      Technology  
                                                                                          

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

Signature \_\_\_\_\_

Date \_\_\_\_\_

(For office use only)

initials		fin.
date		
CK/CC		
paid		

## Payment Information

**Individual Membership is US \$265.**

Check (payable to ACLEA)       Visa       Mastercard       AmEx  
Card Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ Security Code: \_\_\_\_\_  
Name on Card: \_\_\_\_\_ Signature: \_\_\_\_\_  
Billing Address (include ZIP code): \_\_\_\_\_

**Membership period: Anniversary (one year from joining)**  
**Membership fees are due annually on the anniversary of your join date.**