



MEMBERSHIP APPLICATION

This is a referral from _____

Please type or print clearly

Name (This membership is individually based. No firm/corporate memberships.)

Date of Birth (Month/Day/Year) _____/_____/_____

Firm/Company/School Name

Firm/Company/School Address

City/State/Zip Code (5 + 4)

Work Phone

Fax

Mobile Phone

Email

Website (URL)

Bar Jurisdiction(s)

Bar Number

Date(s)

Law School Name

City/State

Graduation Date

Please indicate your main practice area(s):

What is the size of your firm/company (#of employees): 1-5 6-19 20-39 40-60 60+

Does majority of your practice focus on commercial litigation? Yes No

American Board of Certification: Yes, I am ABC certified.

MEMBERSHIP

Professional Rates

- | | Dues |
|--|-------------|
| <input type="checkbox"/> Attorney..... | \$515 |
| <input type="checkbox"/> Commercial Collection Agency Representative..... | \$515 |
| <input type="checkbox"/> Law List Publisher..... | \$515 |
| <input type="checkbox"/> Paralegal, Collector, Office Administrator in a firm..... | \$515 |
| <input type="checkbox"/> Vendor..... | \$515 |
| <input type="checkbox"/> Other..... | \$515 |
| <input type="checkbox"/> INSOL International / Membership..... | \$150 |

If you do not see a category that fits your desired membership profile, please select "Other" and enter category. Subject to approval by CLLA Officers.

Special Status Eligibility & Rate

- | | Dues |
|--|-------------|
| <input type="checkbox"/> Emerging Professional Rate*..... | \$130 |
| <input type="checkbox"/> Law Professor..... | \$50 |
| <input type="checkbox"/> Law Clerk..... | \$50 |
| <input type="checkbox"/> Law Student..... | \$25 |
| <input type="checkbox"/> Judge / US Trustee (not private trustee)..... | Waived |

Additional Contributions (Optional)

- | | |
|---|------|
| <input type="checkbox"/> Fund for Public Education 501c(3)..... | \$35 |
|---|------|

* Only applies to U.S., Canadian and International Applicants under 31 years of age or admitted to bar under 6 years (4 year limit)

All applicants must remit one full year's dues with application based on eligibility status. Your name will be published as an applicant for membership the date it is received and the period for objections to be filed, extends to the end of the calendar month following the date of publication. If no objection is received by that time, you will become a full member of the League and will be sent your New Member Information Packet and online access information.

Please fax completed form to the following secure fax line: 847.584.3939

Send First Year's Dues and Completed Application to:

NOTE: To meet PCI Compliance, all credit card information should be sent by fax or mail to our payment center. Any credit cards sent via email will be deleted.

Commercial Law League of America® • 3005 Tollview Drive • Rolling Meadows, IL 60008
For questions, please call the CLLA office at 312.240.1400 or email at info@clla.org • www.clla.org

PRACTICE SECTION MEMBERSHIP

- Bankruptcy Section
- Creditors' Rights Section
- Young Members' Section Membership (if eligible)
- Agency Section

Items included in membership fee:

- National Membership
- Regional Membership
- Section Membership
- Subscription to CLW (Commercial Law World) magazine
- Professional Education Development

PAYMENT INFORMATION (For your protection, the below information will be destroyed.)

To Pay By Check –

Enclosed is a check for \$_____. Please make all checks/money orders payable in U.S. dollars and drawn on a U.S. bank to: **Commercial Law League of America**

To Pay By Credit Card –

I authorize you to charge \$_____ to my: Amex MasterCard Visa Discover

All information below is required for credit cards:

Printed Name of Cardholder: _____

Billing Address of Cardholder: _____

(If different than address listed above)

Signature: _____

Card # _____ Exp. Date: _____ V Code: _____