## AALS SECTION ON CLINICAL LEGAL EDUCATION Membership Application / Renewal Form www.aals.org/clinical/

Please list the names of all faculty/staff for which you are paying the clinical dues. The dues year is July – June. If you have any questions, please contact <u>sections@aals.org</u> or (202) 296-8851.

## Name, E-mail and Phone of Person Completing this Form:\_\_\_\_\_

School Name:\_\_\_\_\_

## Please list your clinical faculty below (use an extra sheet if necessary)

First Name	Last Name	Middle	Title	E-mail	Phone

Dues are based on the number of faculty members in your clinic, using the tiers listed below. Please pick the tier that corresponds with the number of clinical faculty members for whom you are paying dues.

Individual rate \$25 Up to 5 = \$756-10 = \$15011-15 = \$27516-20 = \$40021-25 = \$52526-50 = \$65051-75 = \$1,25076-100 = \$1,875101-151 = \$2,525151+ = \$3,775

Total Dues Payment:\_\_\_\_\_

Payment Type (please provide the necessary information for your payment type)					
School Check (make payable to 'AALS')	Organization Name:	Check #:			
Credit Card (American Express, MasterCard, Visa)	Card Type:	CC#:			
	Name on Card:	Exp. Date:			

## There are *two* options for returning this form - mail or fax:

Mail:

Association of American Law Schools 1614 20<sup>th</sup> Street, NW Washington, DC 20009-1001

Fax: (202) 296-8869

Updated 10.5.22

*Please note AALS does not accept credit card payments via email for PCI compliance.*