

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 sections@aals.org 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). Dues are \$15 per year per faculty person.

First Name	Last Name	Middle	Title	E-mail	Phone

Total Dues Payment: _____
 (dues are \$15 per year per faculty person)

School Check (make payable to 'AALS')	Organization Name:	Check #:

To return this form please email it to sections@aals.org with a copy of the check