

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

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|---|---------------------------|-------------------|
| 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: |

You can return this form via:

Mail: Association of American Law Schools
 1614 20th Street, NW
 Washington, DC 20009-1001

Fax: (202) 296-8869