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 support@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)

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 20th Street, NW
Washington, DC 20009-1001

Fax: (202) 296-8869

Updated 6.28.17