



MEMBERSHIP APPLICATION

THE CENTER FOR AMERICAN AND INTERNATIONAL LAW

Name _____
Title _____
Firm or Business Name _____
Address _____

E-mail _____ Phone _____ Fax _____

I wish to join the Southwestern Institute for International and Comparative Law (SWIICL) as:

- Associate MemberAnnual dues - \$1,000
 Sponsoring MemberAnnual dues - \$2,500
 Supporting MemberAnnual dues - \$5,000
 Sustaining Member.....Annual dues - \$7,500
 Individual MemberAnnual dues - \$650
 Academy Alumni Member.....Annual dues - \$150

How do you want to pay for your membership?

- I am enclosing a check in the amount of \$ _____
(Make your check payable to The Center for American and International Law.)
 I want to pay with my credit card: AE Visa MC Dis
Name on card: _____
Card number: _____
Expiration MM/YYYY: _____ Security code: _____
 Please bill me for the amount of \$ _____

Please mail this form to:

SWIICL, The Center for American and International Law, 5201 Democracy Dr., Plano, TX 75024 USA
or fax to: 972-244-3401

SWIICL MEMBER BENEFITS

Sustaining Member - \$7,500 annual dues

- send three people tuition-free to Academy
- name six people to the Advisory Board; appoint six Deputy members (see form below)
- send an unlimited number of persons tuition-free to the annual Symposium

Supporting Member - \$5,000 annual dues

- send two people tuition-free to Academy
- name four people to the Advisory Board; appoint four Deputy members (see form below)
- send 8 people + Advisory Board members tuition-free to the annual Symposium

Sponsoring Member - \$2,500 annual dues

- send one person tuition-free to Academy
- name two people to the Advisory Board; appoint two Deputy members (see form below)
- send 4 people + Advisory Board members tuition-free to the annual Symposium

Associate Member - \$1,000 annual dues

- send one person to Academy by paying an additional \$1,200
- name one person to the Advisory Board; appoint one Deputy member (see form below)
- send 2 people + the Advisory Board member tuition-free to the annual Symposium

Individual Member - \$650 annual dues

- become a member of the Advisory Board and attend the Symposium tuition-free
- send one additional person to the Symposium tuition-free
- attend the Academy yourself by paying an additional \$1550

Academy Alumni Member - \$150 annual dues

- Become a member of the Advisory Board and attend the Symposium tuition-free
- Receive a discount at other Institute programs

Enter here the name(s) of your proposed Advisory Board representatives:

Advisory Board representative

Name: _____
Position or title: _____
Address: _____

Firm: _____
E-mail: _____
Work phone: _____
Cell phone: _____

Advisory Board representative

Name: _____
Position or title: _____
Address: _____

Firm: _____
E-mail: _____
Work phone: _____
Cell phone: _____

Advisory Board representative

Name: _____
Position or title: _____
Address: _____

Firm: _____
E-mail: _____
Work phone: _____
Cell phone: _____

Advisory Board representative

Name: _____
Position or title: _____
Address: _____

Firm: _____
E-mail: _____
Work phone: _____
Cell phone: _____

Advisory Board representative

Name: _____
Position or title: _____
Address: _____

Firm: _____
E-mail: _____
Work phone: _____
Cell phone: _____

Advisory Board representative

Name: _____
Position or title: _____
Address: _____

Firm: _____
E-mail: _____
Work phone: _____
Cell phone: _____

Enter here the name(s) of your proposed Advisory Board deputy representatives:
(Sponsoring, Supporting, and Sustaining members only)

Advisory Board deputy representative

Name: _____
Position or title: _____
Address: _____

Firm: _____
E-mail: _____
Work phone: _____
Cell phone: _____

Advisory Board deputy representative

Name: _____
Position or title: _____
Address: _____

Firm: _____
E-mail: _____
Work phone: _____
Cell phone: _____

Advisory Board deputy representative

Name: _____
Position or title: _____
Address: _____

Firm: _____
E-mail: _____
Work phone: _____
Cell phone: _____

Advisory Board deputy representative

Name: _____
Position or title: _____
Address: _____

Firm: _____
E-mail: _____
Work phone: _____
Cell phone: _____

Advisory Board deputy representative

Name: _____
Position or title: _____
Address: _____

Firm: _____
E-mail: _____
Work phone: _____
Cell phone: _____

Advisory Board deputy representative

Name: _____
Position or title: _____
Address: _____

Firm: _____
E-mail: _____
Work phone: _____
Cell phone: _____