



APPLICATION FOR MEMBERSHIP

I wish to join the Institute for Law and Technology:

- | | Annual Dues |
|---|--------------------|
| <input type="checkbox"/> Sustaining Membership | \$5,000 |
| <input type="checkbox"/> Supporting Membership | \$2,500 |
| <input type="checkbox"/> Sponsoring Membership | \$1,000 |
| <input type="checkbox"/> Associate Membership* | \$650 |
| <small>*Associate memberships are available only to individuals.</small> | |
| <input type="checkbox"/> Government / Academic / Non-profit Member | \$395 |

A check in the amount of \$_____ is enclosed. (Please pay in U.S. dollars. Checks should be made payable to *The Center for American and International Law.*)

Please charge my membership to: AE MC Visa Discover

Card number: _____ Exp. Date: _____

Name on card: _____

Billing address (if different from address below): _____

Signature (if paying by credit card): _____

Please bill me for \$_____

Name of law firm, corporation or individual _____

Person who will serve on Advisory Board:

Name: _____

Title (if any): _____

Firm or Organization: _____

Address: _____

Telephone: _____ Fax: _____ Email: _____

Supporting members may designate three Advisory Board representatives and Sustaining Members may designate six Advisory Board representatives. Please use the second page for additional designations.

Mail, fax, or send as e-mail attachment the completed application to:

Brandon White
Institute for Law and Technology
The Center for American and International Law
5201 Democracy Drive, Plano, TX 75024-3561
Phone: 972.244.3410
Fax: 972.244.3401
bwhite@cailaw.org

Additional Advisory Board Designees

Name, title and address of person(s) who will serve as the representative on the Advisory Board:

Name: _____

Title (if any): _____

Firm or Organization: _____

Address: _____

Telephone: _____ Fax: _____ Email: _____

Name: _____

Title (if any): _____

Firm or Organization: _____

Address: _____

Telephone: _____ Fax: _____ Email: _____

Name: _____

Title (if any): _____

Firm or Organization: _____

Address: _____

Telephone: _____ Fax: _____ Email: _____

Name: _____

Title (if any): _____

Firm or Organization: _____

Address: _____

Telephone: _____ Fax: _____ Email: _____

Name: _____

Title (if any): _____

Firm or Organization: _____

Address: _____

Telephone: _____ Fax: _____ Email: _____

