

2025 CIVIL PROGRAM MEMBERSHIP RENEWAL FORM

Please provide the information requested below and return your completed membership application with appropriate dues payment to: NLADA, PO Box 79083, Baltimore, MD 21279-0083. If you have questions, please contact Member Services at 202-452-0620 ext. 215 or E-mail at membership@nlada.org.

MEMBER DATA:

Contact Name:	
Title:	
Address:	
Phone: Fax: Toll Free:	
E-mail: Web site:	
BUDGET INFORMATION: The dues calculation for each organization is based on annual budget. Please complete the information below to calculate your dues. ORGANIZATION DATA **REQUIRED - Please of Attorneys and Total States Funding \$	complete No. of taff**) – OPT OUT OF

Jan. 1, 2025 to Dec. 31, 2025 membership period. Please complete information below and return with payment. MEMBERSHIP DUES & SUBSCRIPTION FEES:

Please note: Membership dues must be paid from non-LSC funds; Subscription fees may be paid with LSC funds. Your annual dues are computed by multiplying your total annual budget by the appropriate dues factor.

□ Non-LSC Funded Program: Dues factor = .0016

\$	_ X	<u>.0016</u>	=	\$_		(Minimum dues = \$150; Maximum Dues =\$5,500)		
Total Annual Budget	D	ues Facto	r		Total Dues			
□ LSC Funded Program with Annual Budget less than \$2.4 million: Dues factor = .0025								
\$	_ X	.0025	=	\$_		(Minimum dues = \$150)		
Total Annual Budget	D	ues Facto	r		Total Dues			
LSC Funded Program with Annua	Buc	dget \$2.4 i	milli	on c	or greater, please pay the flat ra	ate corresponding to budget		
□ \$2,400,000 – \$3,000,000 Budg	jet: S	\$6,000			□ \$6,000,001 - \$7,000,000 E	Budget: \$8,500		
□ \$3,000,001 – \$4,000,000 Budg	et: S	\$6,750			□ \$7,000,001 - \$8,000,000 E	Budget: \$9,000		
□ \$4,000,001 – \$5,000,000 Budg	et: S	\$7,500			□ \$8,000,001 - \$9,000,000 E	Budget: \$9,500		
□ \$5,000,001 – \$6,000,000 Budg	jet: S	\$8,000			□ \$9,000,001 or Greater Bud			
Pro-rate Dues: \$		_ X			= \$			
Total Annua	Due	es			<u>(# Months Left in Year / 12)</u>	Pro-rated Dues		

□ Subscription Fees: Must be a Civil Program	Member to subscrib	ibe.	
See enclosed description. 🗖 NLADA UPDATE a	and NLADA Federal F	l Regulatory Memos - \$1,000	
TOTAL AMOUNT ENCLOSED: \$		for payment of annual dues and subscriptions.	
	bage and return with	H OFFICES:Please complete information below th your completed Membership Form. Please be sure to	1
All Branch Office Contacts will receive NLA	DA program memb	nber mailings.	
Branch Office Name		<u> </u>	
City	State	ZIP	
E-mail	Telephone	Fax	
Number of attorneys at this branch:	-		
Branch Office Name			
Address			
		ZIP	
E-mail	Telephone	Fax	
Number of attorneys at this branch:	-		
SIGN & SUBMIT PAYMENT:			
Executive Director	Date	Signature	
understand that membership in good standing entitles	us to all NLADA membe n and other relevant mat	n Membership in the National Legal Aid & Defender Association. We bership services, including eligibility for the NLADA Insurance Program naterial about our operations (i.e. Annual Report). * <i>Civil Program</i>	I .
Please	e make check payable f	e to NLADA and mail to:	
	NLADA PO Box 79 Baltimore, MD 2	79083	
* Credit Card and ACH online check payments mus	t be submitted through	n <mark>.org/my-account/my-profile</mark> gh our secure online system at <u>https://my.nlada.org/my-account/m</u> rd payments through mail, email, or fax.	<u>ıy-</u>
NLADA is a 501(c)(3	3) non-profit organizati	ation. Federal Tax ID #: 36-2337880.	
2025 NLADA ♦ PO Box 79083 ♦ Baltimor	re, MD 21279-0083 ♦	► TEL 202.452.0620 FAX 202.872-1031	