## 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 <a href="mailto:sections@aals.org">sections@aals.org</a> or (202) 296-8851.

School Name:

Individual rate \$25 Up to 5 = \$75 6-10 = \$150 11-15 = \$275 16-20 = \$400 21-25 = \$525 26-50 = \$650 51-75 = \$1,250 76-100 = \$1,875 101-151 = \$2,525 151+ = \$3,775

Total Dues Payment:\_\_\_\_\_

Name, E-mail and Phone of Person Completing this Form:

First Name	Last Name	Middle	Title	E-mail	Phone

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 20<sup>th</sup> Street, NW Washington, DC 20009-1001

Fax: (202) 296-8869

Updated 10.5.22

Please note AALS does not accept credit card payments via email for PCI compliance.