

To apply to ILTA, complete this form and mail it to the address shown in the footer. You must **enclose a check (U.S. Currency) payable to ILTA**, to cover your current **calendar year's membership fee.** If you wish to **pay by credit card**, contact <u>membership@iltanet.org</u>. Each January, you will be billed for annual membership dues. If you join in the last quarter of a year, you are considered "active" for the following calendar year, and will not be billed in January.

MEMBERSHIP QUALIFIC	ATIONS - L	AW FIRMS	•			
any private law firm is eligible for material cost.				entity, anyone in your	firm, including your branch office	s, may participate in ILTA
1 - 24 Lawyers:	\$475	25	5 - 49 Lawyers:	\$785	50 - 99 Lawyers:	\$1,450
			50 - 499 Lawyers:		500 -749 Lawyers:	
750 - 999 Lawyers:	\$3,500	1,	000 -1,500 Lawyers:	\$5,600	>1,500 Lawyers:	\$6,300
MEMBERSHIP QUALIFIC						
ny law school, legal aid society, co rohibited from membership.) Bec dditional cost.						
1 - 24 Lawyers:			\$385	>24 Lawyers:		\$770
SIGNATURE			TITLE		DATE	
ENTITY INFORMATION	ENTITY TYPE:	Law Firm	Legal Aid Society	Governmental, Ju	dicial or Corporate Law Department	Law School
IAME OF ENTITY						
MAIN OFFICE ADDRESS				CITY, STATE ZIP/P	OSTAL CODE	
/EBSITE			MAIN PHONE NUMBER		NUMBER OF OFFICES	NUMBER OF LAWYERS
IOW DID YOU HEAR ABOUT ILTA?						

DESIGNATED VOTING CONTACT

statement. It is advisable to list someone who will be actively involved in the organization and who allows email from the organization. NAME TITLE EMAIL PHONE NUMBER I have an interest in these topical areas and wish to receive notifications of events and resources relative to them (check all that apply): Business and Financial Management ☐ Information Governance Professional Services Communications Technologies Management Knowledge Management Project Management Desktop and Application Services Law Department Risk Management Emerging Technologies Litigation and Practice Support Server Operations and Security Enterprise Content Management Marketing ☐ User Support Services **ADDITIONAL CONTACTS** Please list other individuals within your organization who should receive ILTA benefits. The contacts you list will receive general email announcements and postal mailings of interest to the membership at-large. TITLE NAME EMAIL PHONE NUMBER ADDRESS (IF DIFFERENT FROM DESIGNATED CONTACT) CITY, STATE ZIP/POSTAL CODE Please **DO NOT** send me postal mailings Please **DO NOT** send me electronic announcements I have an interest in these topical areas and wish to receive notifications of events and resources relative to them (check all that apply): Business and Financial Management Information Governance Professional Services Communications Technologies Mnowledge Management Project Management Desktop and Application Services Law Department Risk Management Emerging Technologies Litigation and Practice Support Server Operations and Security Enterprise Content Management Marketing ☐ User Support Services TITLE NAME PHONE NUMBER EMAIL ADDRESS (IF DIFFERENT FROM DESIGNATED CONTACT) CITY, STATE ZIP/POSTAL CODE Please **DO NOT** send me postal mailings Please **DO NOT** send me electronic announcements I have an interest in these topical areas and wish to receive notifications of events and resources relative to them (check all that apply): Business and Financial Management Information Governance Professional Services Communications Technologies ☐ Knowledge Management Project Management Desktop and Application Services Law Department Risk Management ☐ Emerging Technologies Litigation and Practice Support Server Operations and Security Enterprise Content Management Marketing User Support Services

This person will vote in elections for Board of Directors, Bylaw Amendments, and other matters requiring a vote. This person will receive the annual membership dues