



# APPLICATION FOR MEMBERSHIP

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 Wayne Durham at [wayne@iltanet.org](mailto:wayne@iltanet.org). 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 QUALIFICATIONS - LAW FIRMS

Any private law firm is eligible for membership in ILTA. Because membership in ILTA is by entity, anyone in your firm, including your branch offices, may participate in ILTA activities at no additional cost.

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> 1 - 24 Attorneys: ..... \$400      | <input type="checkbox"/> 25 - 49 Attorneys: ..... \$650        | <input type="checkbox"/> 50 - 99 Attorneys: ..... \$1,225   |
| <input type="checkbox"/> 100 - 249 Attorneys: ..... \$1,275 | <input type="checkbox"/> 250 - 499 Attorneys: ..... \$1,575    | <input type="checkbox"/> 500 - 749 Attorneys: ..... \$1,725 |
| <input type="checkbox"/> 750 - 999 Attorneys: ..... \$2,075 | <input type="checkbox"/> 1,000 -1,500 Attorneys: ..... \$2,225 | <input type="checkbox"/> >1,500 Attorneys: ..... \$2,325    |

## MEMBERSHIP QUALIFICATIONS - LAW DEPARTMENTS AND OTHER LEGAL ENTITIES

Any law school, legal aid society, corporate, governmental or judicial law department is eligible for membership in ILTA. (Corporations whose primary market is legal are prohibited from membership.) Because membership in ILTA is by entity, anyone in your firm, including your branch offices, may participate in ILTA activities at no additional cost.

- |  |   |
|--|---|
| <input type="checkbox"/> 1 - 24 Attorneys: ..... <del>\$350</del> <b>First Year Free</b> | <input type="checkbox"/> >24 Attorneys: ..... <del>\$700</del> <b>First Year Free</b> |
|--|---|

## MY ORGANIZATION MEETS THE CRITERIA FOR MEMBERSHIP AS SET FORTH ABOVE:

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
TITLE

\_\_\_\_\_  
DATE

## ENTITY INFORMATION

ENTITY TYPE:  Law Firm  Legal Aid Society  Governmental, Judicial or Corporate Law Department  Law School

\_\_\_\_\_  
NAME OF ENTITY

\_\_\_\_\_  
MAIN OFFICE ADDRESS

\_\_\_\_\_  
CITY, STATE ZIP/POSTAL CODE

\_\_\_\_\_  
WEBSITE

\_\_\_\_\_  
NUMBER OF OFFICES

\_\_\_\_\_  
NUMBER OF ATTORNEYS

\_\_\_\_\_  
HOW DID YOU HEAR ABOUT ILTA?

## DESIGNATED VOTING CONTACT

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 statement. It is advisable to list someone who will be actively involved in the organization and who allows email from the organization.

NAME	TITLE
PHONE NUMBER	EMAIL

I have an interest in these topical areas and wish to receive notifications of events and resources relative to them (check all that apply):

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Business and Financial Management | <input type="checkbox"/> Enterprise Content Management | <input type="checkbox"/> Litigation and Practice Support |
| <input type="checkbox"/> Communications Technologies       | <input type="checkbox"/> Information Governance        | <input type="checkbox"/> Professional Services           |
| <input type="checkbox"/> Desktop and Application Services  | <input type="checkbox"/> Knowledge Management          | <input type="checkbox"/> Server Operations and Security  |
| <input type="checkbox"/> Emerging Technologies             | <input type="checkbox"/> Law Department                | <input type="checkbox"/> 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.

NAME	TITLE
PHONE NUMBER	EMAIL
ADDRESS (IF DIFFERENT FROM DESIGNATED CONTACT)	CITY, STATE ZIP/POSTAL CODE

- |   |  |
|---|--|
| <input type="checkbox"/> Please <b>DO NOT</b> send me postal mailings | <input type="checkbox"/> Please <b>DO NOT</b> 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):

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Business and Financial Management | <input type="checkbox"/> Enterprise Content Management | <input type="checkbox"/> Litigation and Practice Support |
| <input type="checkbox"/> Communications Technologies       | <input type="checkbox"/> Information Governance        | <input type="checkbox"/> Professional Services           |
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