



Membership Application—Applicants Must Complete Areas A-D.

Please Type or Print Clearly.

Preferred mailing address Office Home

A _____ Date of Birth ____ / ____ / ____
Name (This membership is individually based. No firm/corporate memberships.) M D YR

Home Address (CLLA will not publish unless indicated) _____ City/State/Zip Code (5 + 4)

Firm/Company/School Name _____

Firm/Company/School Address _____ City/State/Zip Code (5 + 4)

Work Phone _____ Fax _____ Home/ Mobile Phone _____ E-mail _____

Website (URL) _____ Referred By: (CLLA Member) _____ City/State/Zip Code _____

Bar Jurisdiction(s) _____ Bar Number(s) _____ Date(s) _____

Law School Name _____ City/State _____ Graduation Date _____

Please indicate your main practice area (s) here _____

Indicate the size of your firm/company (please check number of employees): 1-5 6-19 20-39 40-60 60 +

Does majority of your practice focus on commercial litigation? Yes No

American Board of Certification Yes I am ABC certified. _____

B Membership (please choose type)	Dues	SPECIAL STATUS Eligibility & Rate	Dues
Please indicate your profession:			
<input type="checkbox"/> Lawyer	\$480	<input type="checkbox"/> Special "Emerging Professional" Rate	\$130
<input type="checkbox"/> Commercial Collection Agency Representative	\$480	ONLY APPLIES TO U.S., Canadian and International Applicants under 31 years of age or admitted to bar under 6 years (4 year limit)	
<input type="checkbox"/> Debt Buyer	\$480	<input type="checkbox"/> Law Professor/Teacher	\$50
<input type="checkbox"/> Law List Publisher	\$480	<input type="checkbox"/> Editor, Legal Periodical	\$50
<input type="checkbox"/> Paralegal, Collector, Office Administrator in a firm	\$480	<input type="checkbox"/> Law Clerk	\$50
<input type="checkbox"/> Turnaround Manager	\$480	<input type="checkbox"/> Law Student	\$25
<input type="checkbox"/> Vendor	\$480	<input type="checkbox"/> Judge	Waived
<input type="checkbox"/> OTHER _____	\$480	<input type="checkbox"/> U.S.Trustee (not private trustee)	Waived
If you do not see a category that fits your desired membership profile, please select "OTHER" and enter category. Subject to approval by CLLA Officers.			
		Additional Contributions (OPTIONAL)	
		<input type="checkbox"/> Fund for Public Education 501c(3)	\$30

C I. Practice Section Membership (Please indicate)
(1 section complimentary, each additional for \$50)
 Bankruptcy Section
 Creditors' Rights Section

***Please include additional section payment into total amount, if selected.

Items included in membership fee:
*National Membership
*Regional Membership
* One Section Membership
*Subscriptions to Debt3 Magazine &
*The DePaul Business & Commercial Law Journal
*Young Members Section Membership (if eligible)

D Enclosed check for \$ _____ (Please make all checks/ money orders payable in U.S. dollars and drawn on a U.S. bank to: Commercial Law League of America®)

I authorize you to charge \$ _____ to my: VISA MasterCard AMEX
Signature of Applicant _____ Date _____

Account Number _____ Expiration _____

All applicants must remit one full year's dues with application based on eligibility status. Dues are applied as of and prorated to the date application is received. Your name will be published as an applicant for membership the date it is received and the period for objections to be filed, extends to the end of the calendar month following the date of publication. If no objection is received by that time, you will become a full member of the League and will be sent your *New Member Information Packet* and online access information.

Send first year's dues and completed application to: Commercial Law League of America®, 205 N. Michigan Avenue, Suite 2212, Chicago, IL 60601
Phone: (312) 240-1400 Fax: (312) 240-1408 E-mail: info@ccla.org Website: www.ccla.org

