



# 2014-2015 Membership Application

## Clinical Legal Education Association

### Instructions

This form is intended to be completed by the bundle administrators of large groups and/or groups from institutions that will be making payment by check.

The bundle administrator (BA) makes payment and submits members' information on behalf of your group bundle. BAs manage their group's account on the CLEAweb.org website. As such, BAs may be asked by their colleagues for assistance recalling passwords and may also periodically receive e-mails from the organization reminding the group to renew its membership.

Although this role is not terribly involved, it may be prudent to ask support staff whether they would be willing to act as the BAs of your group. Our experience has been that administrative support staff are generally more responsive to questions from the Membership Committee when the application appears to be missing information. Support staff also are familiar with their institutions vendor policies, which may facilitate payment or reimbursement of fees, should these qualify.

### Determining Membership Dues

Dues are determined by the size of your group bundle. To determine the appropriate dues for your group, simply add \$37.50 per full member and remember that you receive a complimentary associate membership for each full membership purchased.

### Submitting Payment

Mail your check to the CLEA Treasurer (Praveen Kosuri, 3501 Sansom Street, Philadelphia, PA 19104), and once your payment is verified, your renewed status will be confirmed by email.

Total Number of Members

Calculate Dues

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**Law School Information**

Institution Name

Name of Clinical Law Department

Street address

Street address line 2

City

State

Zip code

Phone number

Fax Number

Website

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**Bundle Administrator**

Last Name, Middle Initial, and First Name

Title

BA e-mail

Position

Phone number

Street address

Street address line 2

City

State

Zip code

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**List Full Members**

**Please list your colleagues' LAST NAME first, followed by a comma (,) then the FIRST NAME. Their e-mail should be a school-based e-mail.**

FM1	E-mail
FM2	E-mail
FM3	E-mail
FM4	E-mail
FM5	E-mail
FM6	E-mail
FM7	E-mail
FM8	E-mail
FM9	E-mail
FM10	E-mail
FM11	E-mail
FM12	E-mail
FM13	E-mail
FM14	E-mail
FM15	E-mail

FM16	E-mail
FM17	E-mail
FM18	E-mail
FM19	E-mail
FM20	E-mail
FM21	E-mail
FM22	E-mail
FM23	E-mail
FM24	E-mail
FM25	E-mail
FM26	E-mail
FM27	E-mail
FM28	E-mail
FM29	E-mail
FM30	E-mail

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### List Associate Members

**Please list your colleagues' LAST NAME first, followed by a comma (,) then the FIRST NAME. Their e-mail should be a school-based e-mail.**

AM1 E-mail

AM2 E-mail

AM3 E-mail

AM4 E-mail

AM5 E-mail

AM6 E-mail

AM7 E-mail

AM8 E-mail

AM9 E-mail

AM10 E-mail

AM11 E-mail

AM12 E-mail

AM13 E-mail

AM14 E-mail

AM15 E-mail

AM16 E-mail

AM17 E-mail

AM18 E-mail

AM19 E-mail

AM20 E-mail

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**Duration of membership**

From July 1, 2014 to June 30, 2015

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