

ILTA

9701 Brodie Lane, Suite 200

Austin, TX 78748

Application for Membership

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MEMBERSHIP QUALIFICATIONS: 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 organization, including your branch offices, may participate in ILTA activities at no additional cost. Membership fees include the ability to participate in all Peer Groups and Discussion Forums by anyone from your legal department.

My legal department meets the criteria for membership as set forth above:

Signature	Title		Date		
ENTITY INFORMATION: NAME OF ENTITY:					
Main Office Address		City, State ZIP			
Website: www. Entity Type: Legal Aid Soci	ety Governmental, Judicia	No. of offices: al or Corporate Law Department	No. of attys: Law School		
How did you hear about ILTA?					
other matters requiring a vote. The someone who will be actively invo	nis person will receive the annua				
ame		Title			
Telephone Number	Fax Number	E-Mail Address			
I have an interest in these Peer Groups (check all that appl Business and Financial Management Communications Technologies Desktop and Application Services Emerging Technologies Enterprise Content Management Information Governance		 Knowledge Management Law Department Litigation and Practice Support Professional Services Server Operations and Security User Support Services 			
OTHER CONTACTS: On the following of the sure to e-mail announcements and generated the sure to the sure that the sur	include key personnel in branch	offices). The contacts you list w			
To join ILTA, complete this form a payable to ILTA, to cover your cuannual membership dues. If you calendar year, and will not be billed.	urrent calendar year's membe r ou join in the last quarter of a ye	ship fee. Each January, you w ar, you are considered "active" fo	ill be billed for r the following		
1 - 24 Attys: No cost in year 1	> 24 Attys: No cost i	n year 1			
If you wish to pay by credit card ,	please message Grace Palma	at grace@iltanet.org.			

ADDITIONAL CONTACT LIST:

You may opt out of receiving postal mailings (like the quarterly magazine) or e-mail broadcasts. Our recommendation is that you enjoy all the information provided by ILTA.

NAME:		TITLE:					
Phone:	Fax:			E-Mail:			
Address if different fr	om that provided on pag			City, State ZIP	Country		
Please do NOT send me postal mailings				Please do NOT send me electronic announcements			
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