



**MEMBERSHIP FORM**

Title: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_ Last Name: \_\_\_\_\_

Firm/Entity: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_

Work Phone Number: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

**Membership Level:**

- Charter Member (\$10,000 per annum)
- Sustaining Member (\$6,500 per annum)
- Sponsoring Member (\$2,500 per annum)
- Contributing Member (\$1,000 per annum)
- Individual Member (\$500/\$250 non-profit, government, academics, retirees per annum)

**Payment Type:**

- Check/Money Order** - please make checks/money orders payable to: *"The Canada-United States Law Institute"*
- Credit Card**

Credit Card Type:  Mastercard  Visa  Discover

Cardholder Name: \_\_\_\_\_

Billing Address: \_\_\_\_\_

State/Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_

Credit Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Security Code: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

***Please fax this form with your credit card information or mail it with check to:***

**Canada-United States Law Institute  
11075 East Blvd.  
Cleveland, Ohio 44106-7148 USA  
FAX: (216) 368-2086**