

# CAPLAW

Community Action Program Legal Services, Inc.

CAPLAW Membership - [JOIN TODAY!](#)

Name of Association or Agency: \_\_\_\_\_  Private or  Public

Executive Director/CEO: \_\_\_\_\_

Board Chair: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Country: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Name of Legal Counsel: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Country: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

## CAPLAW State Association Membership Rates:

Lesser of \$300 per association member or \$7,500

Total Number of association members: \_\_\_\_\_ Total association dues enclosed: \$ \_\_\_\_\_

## CAPLAW Individual Agency Membership Rates:

Total Agency Budget: \$ \_\_\_\_\_

Membership Term:  1-yr  2-yr

<b>Total Agency Budget:</b>	<b>One Year Dues</b>	<b>Two Year Dues</b>
\$1,000,000 or less	\$325.00	\$605.00
\$1,000,001 - \$3,000,000	\$490.00	\$935.00
\$3,000,001 - \$7,000,000	\$655.00	\$1,210.00
\$7,000,001 or over	\$825.00	\$1,485.00

Total Agency dues enclosed: \$ \_\_\_\_\_

Please make all checks payable to CAPLAW and mail to:  
Community Action Program Legal Services, Inc.  
178 Tremont Street, 10th floor, Boston, MA 02111