



401 Edgewater Place Suite 600, Wakefield, MA 01880
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www.nlsvcc.org

Participant Application

Participation Levels & Dues – Please select a level below

| Select One Box Below | Membership Level | Annual Membership Dues | Description |
|----------------------|--|------------------------|---|
| | Organizational: Voting Valor Member | \$750 | Targeted for founding law school clinics, as well as other law school clinics. Includes up to four attorney members, one staff member; all clinic enrolled students (while enrolled); includes two votes on all consortium matters. |
| | Organizational: Voting Honor Member | \$500 | Targeted for law school legal clinics and includes up to two attorneys, one staff member; all clinic enrolled students (while enrolled); includes two votes on all consortium matters. |
| | Individual: Voting Warrior Member | \$300 | Targeted for clinicians, member would be an individual attorney from a law school clinic serving veterans; includes one vote on all consortium matters. |
| | Individual: Non-Voting Practitioner/Advocate Member | \$500 | An individual military or veterans' attorney or advocate from other than a law school clinic. |
| | Individual: Non-Voting Public Interest Attorney Member | \$300 | Reserved for Equal Justice Works/AmeriCorps Fellows, as well as Legal Aid attorneys. |
| | Individual Non-Voting Professional Other | \$300 | Healthcare Provider, Paralegal, Non-profit. |
| | Individual: Non-Voting Student Member | \$50 | Reserved for an active law student not already under the umbrella of a service or organizational member. |
| | Individual: Non-Voting Veteran or Active Duty Service Member | \$50 | An individual not otherwise affiliated with a veterans' clinic or organizational member. |

Payment Information: Choose One of the Following Payment Methods

CHECK: Enclose check (made payable to the National Law School Veterans Clinic Consortium) and mail with a completed copy of this form to: *401 Edgewater Place, Suite 600, Wakefield, MA 01880*

INVOICE: Please provide billing contact information below, and an invoice will be issued. Please email the completed form to membership@nlsvcc.org.

| |
|-----------------|
| Name: |
| Organization: |
| Address: |
| City/State/Zip: |
| Email: |
| Phone: |

CREDIT CARD: Please provide payment card info below, and you will be sent a payment receipt. Please complete the application and return via secure eFax at +1 781-623-0755.

****Please note, due to credit card security policies, the National Law School Veterans Clinic Consortium is unable to accept applications with credit card details sent via email. Any forms received via email with credit card payment information will not be processed.***

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|------------------|---------------------|
| Name: | |
| Organization: | |
| Billing Address: | |
| City/State/Zip: | |
| Type of Card: | Credit Card Number: |
| Expiration Date: | Security Code: |