



401 Edgewater Place Suite 600, Wakefield, MA 01880  
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[www.nlsvcc.org](http://www.nlsvcc.org)

## Participant Application

Participation Levels & Dues – Please select a level below

Select One Box Below	Membership Level	Annual Membership Dues	Description
<input type="checkbox"/>	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.
<input type="checkbox"/>	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.
<input type="checkbox"/>	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.
<input type="checkbox"/>	Organizational: Non-Voting Public Interest Member	\$500	A public interest entity and its attorney members.
<input type="checkbox"/>	Individual: Non-Voting Practitioner/Advocate Member	\$500	An individual military or veterans' attorney or advocate from other than a law school clinic.
<input type="checkbox"/>	Individual: Non-Voting Public Interest Attorney Member	\$300	Reserved for Equal Justice Works/AmeriCorps Fellows, as well as Legal Aid attorneys.
<input type="checkbox"/>	Individual Non-Voting Professional Other	\$300	Healthcare Provider, Paralegal, Non-profit.
<input type="checkbox"/>	Individual: Non-Voting Student Member	\$50	Reserved for an active law student not already under the umbrella of a service or organizational member.
<input type="checkbox"/>	Individual: Non-Voting Veteran or Active Duty Service Member	\$50	An individual not otherwise affiliated with a veterans' clinic or organizational member.

### Participant Information: Primary Representative

Name:	
Title:	
Company Name/Firm:	
Company Name/Firm URL:	
Address:	
City/State/Zip Code:	
Email:	
Phone:	
Mobile Phone (Optional):	
Representative Type (Attorney, Staff, Enrolled student, Healthcare provider, Paralegal, Non-profit):	
<input type="checkbox"/>	<b>By clicking here, you acknowledge and accept all terms of the Bylaws of the National Law School Veterans Clinic Consortium, (which can be found on the website) including the payment of dues.</b>

### Additional Participants

NAME	EMAIL	TYPE: Attorney, Staff, Enrolled Student

If you have questions, or to enroll additional students, please contact [membership@nlsvcc.org](mailto:membership@nlsvcc.org).

### 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](mailto: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.***

Name: Janice Carroll	
Organization: Virtual M	
Billing Address:	
City/State/Zip:	
Type of Card:	Credit Card Number:
Expiration Date:	Security Code: