



MEMBERSHIP APPLICATION

P.O. Box 3486, Little Rock, AR 72203 501-376-2852, 1-800-442 - ATLA

Last name: _____		First: <i>(underline preferred)</i> _____	Mr. Ms. Mrs. Miss	Firm Name: _____	
Mailing address: _____		City/State/Zip: _____		County: _____	Spouse name: _____
Street Address: _____		City/State/Zip: _____		Office phone: _____	Office Fax: _____
Home address: _____		City/State/Zip: _____		County: _____	Home Phone: _____
Email address: _____			Website: _____		
Arkansas bar #: _____	Birthdate: _____	Date (& state if not Arkansas) of first law license: _____		Judicial District: _____	

Elite Membership Options: ATLA's elite membership program provides members with a pain-free method to provide monthly support (including dues) to the association as well as ATLA's political action committee, IMPACT. Each participant delegates how much money goes to ATLA and how much money goes to IMPACT.

<input type="checkbox"/> Platinum Founder (\$25,000) <ul style="list-style-type: none"> • 2 free ATLA Convention Registrations • 2 free ATLA Season Tickets • Full page Docket ad (1x/year) • Ad on ATLA's homepage • VIP service at ATLA Convention • Invitation to ATLA sponsored dinner at Convention 		<input type="checkbox"/> Silver Diplomat (\$12,000) <ul style="list-style-type: none"> • 1 free ATLA Convention registration • 1 free ATLA Season Ticket • Half page Docket ad (1x/year) • VIP service at ATLA Convention • Invitation to ATLA sponsored dinner at Convention 	
<input type="checkbox"/> Bronze Barrister (\$6,000) Choose between: <input type="radio"/> Season ticket <input type="radio"/> Docket Ad (quarter page 1x/year) <ul style="list-style-type: none"> • Free ATLA Convention Registration • VIP service at Convention • Invitation to ATLA sponsored dinner at convention • Exclusive meetings and events with Legislators • Name linked on ATLA website • Name listed on the back of the ATLA docket • 6 "areas of practice" for ATLA's online directory 		<input type="checkbox"/> Champion Benefactor (\$3,000) Choose between: <input type="radio"/> Season ticket <input type="radio"/> Convention Registration <ul style="list-style-type: none"> • VIP Service at convention • Exclusive meetings and events with Legislators • Name linked on the ATLA website • Name listed on the back of the ATLA Docket • 5 "areas of practice" for ATLA's online directory 	
<input type="checkbox"/> Champion Patron (\$1,200) <ul style="list-style-type: none"> • 1 day of free CLE • Name listed on the ATLA website • Name listed in the ATLA Docket • 3 "areas of practice" for ATLA's online directory 		<input type="checkbox"/> Guardian of Justice (based on years of practice) 10+ years: \$900/ year 8-9 years: \$650/ year 5-7 years: \$450/ year 2-4 years: \$200/ year 0-1 years: \$150/ year <i>By joining the Guardian of Justice program and signing below, I agree to allow automatic increases in my monthly contribution to correspond with the number of years I have been licensed to practice law in Arkansas. You will receive 2 "areas of practice" on the ATLA website, and your name will be listed on the inside of the Docket as well as on the ATLA website.</i>	
%to ATLA	_____	% to IMPACT	_____

Regular Membership Options:

<input type="checkbox"/> Regular Membership (based on years of practice) 10+ years: \$450/ year 8-9 years: \$325/ year 5-7 years: \$225/ year 2-4 years: \$100/ year 0-1 years: \$75/ year		<input type="checkbox"/> Associate Membership (based on years of practice) If you or your firm practice 50% or more insurance defense 10+ years: \$250/ year 8-9 years: \$225/ year 5-7 years: \$175/ year 2-4 years: \$150/ year 0-1 years: \$100/ year	
<input type="checkbox"/> Paralegal Membership: \$50	<input type="checkbox"/> Out of State Membership: \$550 Any attorney that practices law outside of Arkansas and does not hold an Arkansas law license.	<input type="checkbox"/> Other: \$125 Any licensed law professor, retired attorney, government worker, or non-profit attorney.	

Check (enclosed)

Credit or Debit Card

Bill Me: Now, all at once
 Quarterly
 Monthly

Debit or Credit Card Number _____

Name on Card _____

Credit Card Expiration Date _____

Billing Address _____

X
Signature _____

Date _____