

2020 MEMBERSHIP APPLICATION

Name: _____

Business Name: _____

Address: _____

City, State, Zip Code: _____

Primary Phone: _____ Business Phone: _____ Mobile Phone: _____

Email Address: _____ Website: _____

PLEASE SELECT YOUR MEMBERSHIP LEVEL

- Voting Membership - \$295.00** Subscription period: 1 year, Automatic renewal (recurring payments.) Voting Members are bonded and registered in their county and are compliant with California Mandatory Continuing Legal Education (MCLE) requirements. These members have provided a copy of their valid county registration card and are displayed in the online Member Directory. Email a copy of your registration card to membershipadmin@calda.org
- Provisional Membership - \$295.00** Subscription period: 1 year, Automatic renewal (recurring payments.) Intended for individuals whose LDA county registration is either pending or lapsed. Allows access to earn MCLE at Voting Member rates, but restricts access to business related resources. Also appropriate for non-LDA's who are registered/bonded Immigration Consultants, Unlawful Detainer Assistants, or Process Servers.
- Sustaining Membership - \$295.00** Bundle (up to 5 members) Subscription period: 1 year, Automatic renewal (recurring payments.) Sustaining Members are non-LDA business members, supportive of the LDA profession and the Association.
- Student Membership - \$150.00** Subscription period: 1 year No automatically recurring payments. Student Members will provide evidence of enrollment in a Paralegal Program to the CALDA administrator for membership to be activated. Email transcripts, class schedule, or student ID to membershipadmin@calda.org

I agree to abide by CALDA's Code of Ethics and realize that failure to abide by these ethics may provide a basis for removal from membership or ineligibility for renewal of membership.

Date: _____ Signature: _____

- Check - Mail to: Membership – CALDA
P.O. Box 2582
Granite Bay, CA 95746

- Credit Card: ___ Visa ___ MasterCard ___ Discover ___ American Express

Credit Card number: _____ Expires: _____

Authorized Amount to be charged to card: _____ CVV: _____

Billing Address: _____

Name of Cardholder: _____

Signature of Cardholder: _____