



2024 APPLICATION FOR CORPORATE MEMBERSHIP

**CHARLESTON ASSOCIATION OF LEGAL ASSISTANTS P.O. BOX 1260, CHARLESTON,
SOUTH CAROLINA 29402**

www.calasc.org

The Charleston Association of Legal Assistants, Inc. ("CALA") is an affiliated association of the National Association of Legal Assistants, Inc. ("NALA") and all members are bound by the NALA Code of Ethics and Professional Responsibility, in addition to any code adopted by this Association.

COMPANY/APPLICANT NAME: _____

PRIMARY CONTACT'S NAME: _____ Title: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Mailing Address (If Different than above): _____

City: _____ State: _____ Zip Code: _____

Office Phone: _____ Cell Phone: _____

Email Address: _____

SECONDARY CONTACT'S PRIMARY CONTACT'S NAME:

_____ Title: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Mailing Address (If Different than above): _____

City: _____ State: _____ Zip Code: _____

Office Phone: _____ Cell Phone: _____

Email Address: _____

NEW APPLICANT

RENEWAL APPLICANT

APPLYING FOR: (See Below for Description of Membership Level)

Platinum Level Membership:

Silver Level Membership:

Gold Level Membership:

Bronze Level Membership:

Associate Level Membership:

Sponsor Levels	Platinum	Gold	Silver	Bronze	Assoc.
Corporate Sponsor Rates	\$1,500	\$1,000	\$800	\$500	\$250
Corp. name and logo on CALA website	x	x	x	x	x
Featured as a Headline Sponsor of Annual Seminar	x				
Sponsor one monthly luncheon	x	x	x	x	
Featured as a Headline Sponsor for CALA's yearly community outreach I	x	x			
Featured as a Headline Sponsor for CALA's yearly community outreach II	x	x	x		
Two tickets to Annual Holiday Party (please contact us if you have additional guests)	x	x	x	x	x
Social Media promotions (Facebook, CALA website)	x	x	x	x	x
E-Blast promotion Access to CALA Members (approx. 50-60 members annually)	x	x	x	x	x

Corporate Sponsors are an integral part of the success of our organization and we look forward to working with you to make the most of your contributions.

APPLICANT'S AGREEMENT: I AGREE TO BE BOUND BY THE NALA CODE OF ETHICS AND PROFESSIONAL RESPONSIBILITY AND THE BY-LAWS AS ADOPTED BY THE CHARLESTON ASSOCIATION OF LEGAL ASSISTANTS, INC. I ATTEST THAT ANY AND ALL INFORMATION STATED ABOVE IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I FURTHER UNDERSTAND THAT THIS APPLICATION IS SUBJECT TO APPROVAL BY THE CHARLESTON ASSOCIATION OF LEGAL ASSISTANTS, INC. MEMBERSHIP COMMITTEE.

(SIGNATURE OF APPLICANT) (DATE)

*****DUES MUST ACCOMPANY APPLICATION AND ARE NOT PRORATED*****

*MAKE CHECKS PAYABLE TO CHARLESTON ASSOCIATION OF LEGAL ASSISTANTS, INC.
AND SEND WITH APPLICATION TO: Post Office Box 1260, Charleston, South Carolina 29402.*

MEMBERSHIP COMMITTEE REVIEW:

APPROVED: 0 YES 0 NO DATE: