COMMONWEALTH LEGAL EDUCATION ASSOCIATION
INSTITTUION MEMBERSHIP APPLICATION FORM

Institution Name [in Block Letters] .....

Institution Type.....
(e.g., University, Law School, Legal Association, etc.)

Institution Address.....

City ..... State/Province .....Zip/Postal Code.....

Country .....

Contact Person (with Designation) .....

Contact Email ..... Contact Phone Number .....

CLEA Associations (if any) .....

Please list any previous involvement with CLEA activities or events.

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Number of Members (if known) .....

Brief Description of Institution .....

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Briefly state your Possible Contributions/ Vision for CLEA .....

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Membership Confirmation: Membership is subject to approval by the CLEA Executive Committee. Upon approval, the online link for payment will be shared. The membership shall be with effect from April 2024.

Signature

(Kindly note: All the above details are to be mandatorily provided)