

**CORPUS CHRISTI ASSOCIATION
OF LEGAL PROFESSIONALS**
SUSTAINING MEMBERSHIP APPLICATION FORM

Date: _____, 20__

Name of Company: _____

Contact Person(s): _____

Address: _____

Phone: _____

E-Mail(s): _____

Website: _____

Type of service your company provides: _____

Names of representatives attending CCALP functions: _____

Sustaining membership dues:	\$60.00 annually (May 1-April 30) prorated monthly
Make checks payable to:	Corpus Christi Association of Legal Professionals
Return application with dues to:	Stephanie S. Ottino, Vice-President/Membership Chair
	Corpus Christi Association of Legal Professionals
	c/o Branscomb PC
	802 N. Carancahua, Suite 1900
	Corpus Christi, TX 78401
	Office: 886-3800
	E-Mail: sottino@branscombpc.com

Company website will be linked to CCALP's website (www.ccalp.com)

WE APPRECIATE YOUR INTEREST AND SUPPORT !!!!!!!