

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

Date: \_\_\_\_\_, 200\_\_

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:	Mel Rodriguez, Vice President/Membership Chair
	Corpus Christi Association of Legal Professionals
	c/o Dunn, Weathered, Coffey, Rivera & Kasperitis, P.C.
	611 S. Upper Broadway
	Corpus Christi, TX 78401
	Office: 361-883-1594
	E-Mail: <a href="mailto:melrodriguez@hotmail.com">melrodriguez@hotmail.com</a>

Company website will be linked to CCALP's website ([www.ccalp.com](http://www.ccalp.com))

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