

COLLABORATIVE LAW INSTITUTE OF ILLINOIS

BUSINESS AFFILIATE APPLICATION - 2017

Name	
Organization/Firm	
Address	
City, State, Zip Code	
Phone	
Fax	
Email	
Website	
Nature of Business	
(briefly describe your firm's product or service and how it may benefit CLII Fellows or their clients)	
Service Area (counties)	
Target Market	
(e.g., clients in or post-divorce, CLII professionals, attorneys, mental health professionals, financial specialists, etc.)	
Years in Business	
Primary Interest	
(e.g., presenting to practice groups, writing blog posts, authoring email blasts, sponsoring CLII conferences or trainings)	
I have read and understand the CLII Business Affiliation flyer, including its conditions	()
I understand that use of contact lists outside of the terms of this Agreement prohibited	()
I understand that communication with CLII Fellows is subject to prior approval by CLII	()
I understand that any Practice Group presentations are primarily educational in nature	()
I agree to pay the 1-year Business Affiliation fee of \$750	()
I understand that my Business Affiliation is subject to approval by CLII	()
Signature	
Title	
Date	