

**2017-2018 DUES**

\$125.00 Sole practitioners  
In-house counsel and law firms with 3 or fewer members (including associates).

\$225.00 In-house counsel and law firms with more than 3 members (including associates).

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**RETURN FORM FOR CAMA 2017-2018 DUES**

Payment of \$\_\_\_\_\_ is enclosed.  
(Please make check payable to CAMA.)

**If you represent more than one  
municipality, please list each:**

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**Please return payment and form to:  
CAMA  
Beth Scanlon  
900 Chapel Street, 9<sup>th</sup> Floor  
New Haven, CT 06510**

**Fax: 203-497-2480  
Email: [bscanlon@ccm-ct.org](mailto:bscanlon@ccm-ct.org)**

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Name

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Position

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Municipality/Organization

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Address

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City/State/Zip Code

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Phone

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Fax

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E-mail

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Name

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Position

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Municipality/Organization

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Address

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City/State/Zip Code

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Phone

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Fax

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E-mail

**CAMA 2017-18 Membership Dues:**

Company Name: \_\_\_\_\_

Telephone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Title: \_\_\_\_\_

Pay by Credit Card

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Amount to be charged: \_\_\_\_\_

Name on Credit Card: \_\_\_\_\_

Address, City, State, Zip: \_\_\_\_\_

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3 digit code on back of card – MC, VISA, Discover  
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**New Haven, CT 06510**  
  
**Fax: 203-497-2480**  
**Email: [bscanlon@ccm-ct.org](mailto:bscanlon@ccm-ct.org)**

# CAMA Membership Directory\*

## SPECIFIC INFORMATION

- Name and Title \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_
- Firm Name \_\_\_\_\_
- Represented Municipalities \_\_\_\_\_
- E-Mail \_\_\_\_\_  I don't have e-mail capabilities.
- Area(s) of Specialty: (Please check all that apply.)

|  |  |  |
|--|--|--|
| <input type="checkbox"/> Administrative Law      | <input type="checkbox"/> Contracts             | <input type="checkbox"/> Land Use                  |
| <input type="checkbox"/> Appellate Advocacy      | <input type="checkbox"/> Education             | <input type="checkbox"/> Litigation                |
| <input type="checkbox"/> Bond Counsel            | <input type="checkbox"/> Eminent Domain        | <input type="checkbox"/> Personnel/Labor Relations |
| <input type="checkbox"/> Charter Revision        | <input type="checkbox"/> Environmental         | <input type="checkbox"/> Real Estate               |
| <input type="checkbox"/> Collection/Foreclosures | <input type="checkbox"/> FOIA                  | <input type="checkbox"/> Tax Appeals               |
| <input type="checkbox"/> Constitutional Law      | <input type="checkbox"/> General Municipal Law | <input type="checkbox"/> Workers' Compensation     |
| <input type="checkbox"/> Construction Law        |  |  |
| <input type="checkbox"/> Other _____             |  |  |

## ADDITIONAL LISTING(S)

Please complete for each additional attorney to be included in the Directory.

- Name and Title \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_
- Firm Name \_\_\_\_\_
- Represented Municipalities \_\_\_\_\_
- E-Mail \_\_\_\_\_  I don't have e-mail capabilities.
- Area(s) of Specialty: (Please check all that apply.)

|  |  |  |
|--|--|--|
| <input type="checkbox"/> Administrative Law      | <input type="checkbox"/> Contracts             | <input type="checkbox"/> Land Use                  |
| <input type="checkbox"/> Appellate Advocacy      | <input type="checkbox"/> Education             | <input type="checkbox"/> Litigation                |
| <input type="checkbox"/> Bond Counsel            | <input type="checkbox"/> Eminent Domain        | <input type="checkbox"/> Personnel/Labor Relations |
| <input type="checkbox"/> Charter Revision        | <input type="checkbox"/> Environmental         | <input type="checkbox"/> Real Estate               |
| <input type="checkbox"/> Collection/Foreclosures | <input type="checkbox"/> FOIA                  | <input type="checkbox"/> Tax Appeals               |
| <input type="checkbox"/> Constitutional Law      | <input type="checkbox"/> General Municipal Law | <input type="checkbox"/> Workers' Compensation     |
| <input type="checkbox"/> Construction Law        |  |  |
| <input type="checkbox"/> Other _____             |  |  |

CAMA  
900 Chapel Street, 9th Floor  
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Attn.: B. Scanlon

Fax: (203) 497-2480  
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\* Dues for the current year must be paid to be listed in the online membership directory.