

**CONNECTICUT ASSOCIATION OF MUNICIPAL ATTORNEYS, INC.**  
545 Long Wharf Drive, 8<sup>th</sup> Floor, New Haven, CT 06511 [www.cama-ct.org](http://www.cama-ct.org)

**2024-2025 DUES**

- \$150.00 Sole practitioners  
In-house counsel and law firms with 3 or fewer members (including associates).
- \$250.00 In-house counsel and law firms with 4 or 5 members (including associates).
- \$275.00 In-house counsel and law firms with 6 or more members (including associates).

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**RETURN FORM FOR CAMA 2024-2025 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:  
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Korbi Kelly-Banks  
545 Long Wharf Drive, 8<sup>th</sup> Floor  
New Haven, CT 06511  
Email: [kkelly-banks@ccm-ct.org](mailto:kkelly-banks@ccm-ct.org)**

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Municipality/Organization

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Address

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City/State/Zip Code

\_\_\_\_\_  
Phone

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Name

\_\_\_\_\_  
Position

\_\_\_\_\_  
Municipality/Organization

\_\_\_\_\_  
Address

\_\_\_\_\_  
City/State/Zip Code

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3 digit code on back of card – MC, VISA, Discover

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**Please return payment and form to:**

**CAMA**

**Korbi Kelly-Banks**

**545 Long Wharf Drive, 8<sup>th</sup> Floor**

**New Haven, CT 06511**

**Email: [kkelly-banks@ccm-ct.org](mailto:kkelly-banks@ccm-ct.org)**

# CAMA Membership Directory\*

## SPECIFIC INFORMATION

1. Name and Title \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_
2. Firm Name \_\_\_\_\_
3. Represented Municipalities \_\_\_\_\_  
\_\_\_\_\_
4. E-Mail \_\_\_\_\_  I don't have e-mail capabilities.
5. 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.

1. Name and Title \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_
2. Firm Name \_\_\_\_\_
3. Represented Municipalities \_\_\_\_\_  
\_\_\_\_\_
4. E-Mail \_\_\_\_\_  I don't have e-mail capabilities.
5. 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  
545 Long Wharf Drive, 8th Floor  
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Attn.: K. Kelly-Banks

E-Mail: [kkelly-banks@ccm-ct.org](mailto:kkelly-banks@ccm-ct.org)

\* Dues for the current year must be paid to be listed in the online membership directory.