

# Application for Membership in NALS...the association for legal professionals

Date: \_\_\_\_\_  
Name: \_\_\_\_\_  
Email: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
County: \_\_\_\_\_  
**Preferred Contact:**  Home  Business  
Position Title \_\_\_\_\_  
Employer: \_\_\_\_\_  
Business Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Business Phone: \_\_\_\_\_  
Business Fax: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_\_  
Home Fax: \_\_\_\_\_  
Birthday (Month/Day) \_\_\_\_\_

## Please provide the following information:

### Your specialty (check one)

- |  |   |
|--|---|
| <input type="checkbox"/> Law Office Management   | <input type="checkbox"/> Business/Corporate |
| <input type="checkbox"/> Probate/Estate Planning | <input type="checkbox"/> Administrative     |
| <input type="checkbox"/> Criminal                | <input type="checkbox"/> Bankruptcy         |
| <input type="checkbox"/> Taxation                | <input type="checkbox"/> Litigation         |
| <input type="checkbox"/> Real Estate             | <input type="checkbox"/> Family             |
| <input type="checkbox"/> General                 | <input type="checkbox"/> Other _____        |

### Age

- Under 25    25-35    36-45    46-55    Over 55

### Years Worked in Legal Profession

- 0-1    2-5    6-10    11-15    16-19    Over 20

### Number of Lawyers in Office

- 0    1-5    6-10    11-20    21-49    Over 50

### Type of Legal Office

- |   |   |
|---|---|
| <input type="checkbox"/> Law Office                 | <input type="checkbox"/> Government Service |
| <input type="checkbox"/> Court System               | <input type="checkbox"/> Self-employed      |
| <input type="checkbox"/> Corporate Legal Department | <input type="checkbox"/> Other _____        |

### Sponsor Information

It is not necessary to have a sponsor to join; however, if a NALS member encouraged you to join, please provide that member's name and other information requested if you know it.

Sponsor Name: \_\_\_\_\_  
Sponsor's Member Number: \_\_\_\_\_  
Chapter Affiliation: \_\_\_\_\_

### DETERMINATION OF AMOUNT TO PAY

NALS is a tri-level association. Please choose one in each of the categories below to determine the amount to pay. Payment must be included with application.

#### 1. NALS Member Dues (choose one)

- \$130 Member  
 \$ 75 Associate Member (educators, judges, attorneys)  
 \$ 29 Student Member

#### 2. Texas ALP Member Dues (choose one)

- \$15 Member  
 \$15 Member-at-Large (where no chapter is available)  
 \$ 5 Student Member

#### 3. Local Chapter Member Dues (choose one)

- \$15 Austin LPA, Inc.  
 \$ 9 Corpus Christi ALP  
 \$25 Dallas ALP  
 \$ 7 El Paso County LSA  
 \$15 Houston ALP  
 \$10 Lubbock LPA  
 \$10 Midland ALP  
 \$10 NALS of Amarillo  
 \$10 San Antonio LSA  
 \$10 Waco LPA  
 \$25 Wichita County LSA

NALS Member Dues \$ \_\_\_\_\_  
TALP Member Dues \$ \_\_\_\_\_  
Local Chapter Member Dues \$ \_\_\_\_\_

TOTAL DUE: \$ \_\_\_\_\_

Payment Method: Payment must accompany application

### Make checks payable to: NALS

Check One:  Check/Money Order    VISA  
 MasterCard    Discover

Name of Cardholder: \_\_\_\_\_  
Credit Card Number: \_\_\_\_\_  
Expiration Date: \_\_\_\_\_  
Credit Card Signature: \_\_\_\_\_

**By submitting and signing this application, you certify that you qualify for membership and agree to be bound by the NALS Code of Ethics. Membership is not transferrable.**

Signature: \_\_\_\_\_

Return this form and payment to: NALS Resource Center  
8159 East 41<sup>st</sup> Street  
Tulsa, Oklahoma 74145  
If a credit card is used, please fax to: 918-582-5907.

SEND COPY TO: Monica Acuña  
Texas ALP Membership Chair  
100 N. Stanton, Ste. 1000  
El Paso, Texas 79901  
(Phone) 915-532-2000  
[macu@mqmsg.com](mailto:macu@mqmsg.com)



engage  
inspire  
enhance  
promote

