

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 ALP
 \$15 Houston ALP
 \$10 Lubbock LPA
 \$10 NALS of Amarillo
 \$10 San Antonio LSA
 \$10 Waco LPA
 \$25 Wichita County LPA

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 41st Street

If a credit card is used, please fax to: 918-582-5907. Tulsa, Oklahoma 74145

SEND COPY TO:

Rhonda R. Price-Rogers
Texas ALP Membership Chair
701 S Taylor, Ste 440, Amarillo, Tx 79101
806.350.5658 (Office)
806.236.4772 (Cell)
rrogers@bmwb-law.com



engage
inspire
enhance
promote

