

# 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:** Emily D. Walterscheid, PP, CLP  
Texas ALP Membership Chair  
1001 Main St. Suite 200  
Lubbock, TX 79401  
(Phone) 806-702-4852  
[Emily@MatthewHarrisLaw.com](mailto:Emily@MatthewHarrisLaw.com)



engage  
inspire  
enhance  
promote

