

# 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

\$ 85 Associate Member (educators, judges, attorneys)

\$ 39 Student Member

\$ 75 Retired Member

\$1,510 International 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

