



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

Date: \_\_\_\_\_

Chapter Name: \_\_\_\_\_

Name: \_\_\_\_\_

Home Address: \_\_\_\_\_  
\_\_\_\_\_

Employer: \_\_\_\_\_

Position Title: \_\_\_\_\_

Business Address: \_\_\_\_\_  
\_\_\_\_\_

Preferred Mailing Address:  Home  Business

Telephone:

Home: \_\_\_\_\_

Business: \_\_\_\_\_

Fax: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Would you like to receive monthly legal education via e-mail?

Yes  No

Preferred e-mail address: \_\_\_\_\_  
\_\_\_\_\_

Your Specialty:

- |   |                                      |
|---|--------------------------------------|
| <input type="radio"/> Law Office Management   | <input type="radio"/> Criminal       |
| <input type="radio"/> Business/Corporate      | <input type="radio"/> Bankruptcy     |
| <input type="radio"/> Probate/Estate Planning | <input type="radio"/> Taxation       |
| <input type="radio"/> Court Personnel         | <input type="radio"/> Administrative |
| <input type="radio"/> Litigation              | <input type="radio"/> Government     |
| <input type="radio"/> Family                  | <input type="radio"/> Real Estate    |
| <input type="radio"/> Other (specify): _____  |                                      |

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

Years Worked in the Legal Profession:

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

Lawyers in Office:

0  1  2-5  6-10  11-20  21-49  
 Over 50

Type of Legal Office:

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

Sponsor's Name: \_\_\_\_\_

Sponsor's Member Number: \_\_\_\_\_

Check Membership Category/Categories Applied For:

Dues

- \$175 International Membership (US Currency Only)  
 \$143 New Member Dues  
 \$53 Associate Member (educators, judges, attorneys)  
 \$19 Student Member (minimum 9 credit hours required)

Total Due \$ \_\_\_\_\_

Payment Method

Payment must accompany application.

Make Checks payable to: NALS\*

- Check One:  Check or Money Order  Visa  
 MasterCard  Discover

Account Number from your Credit Card:

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Expiration Date: Month \_\_\_\_\_ Year \_\_\_\_\_

Credit Card Signature: \_\_\_\_\_

There will be a \$20 charge for returned checks.

Return This Form and Payment to:

NALS...the association for legal professionals

8159 East 41st Street

Tulsa, OK 74145

or Fax To: (918) 582-5907

Questions?

Call (918) 582-5188 and ask for the member services department

I agree to be bound by the Code of Ethics of NALS and the  
Bylaws and Standing Rules of NALS.

Applicant's Signature \_\_\_\_\_

*Membership is nontransferable.*

*Please send a copy of this application to your local  
membership chair.*