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# Application for Membership

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 Area: (required)

- Law Office Management
- Business/Corporate
- Probate/Estate Planning
- Court Personnel
- Litigation
- Family
- Other (specify): \_\_\_\_\_
- Criminal
- Bankruptcy
- Taxation
- Administrative
- Government
- Real Estate

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:  
 Law Office  Self-employed  
 Corporate Legal Department  Court System  
 Government Services  Other

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

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

### Check Membership Category/Categories Applied For:

#### Dues

- \$175 International Membership (US Currency Only)
- \$108 New Member Dues
- \$53 Associate Member (educators, judges, attorneys)
- \$19 Student Member (minimum 9 credit hours required)
- \$ 10.00 Local Chapter Dues
- \$ 15.00 State Association Dues

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:

□□□□-□□□□-□□□□-□□□□-□□

Expiration Date: Month \_\_\_\_\_ Year \_\_\_\_\_  
Security Code \_\_\_\_\_

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. ( visit [www.nals.org/aboutnals](http://www.nals.org/aboutnals) for details)

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

**Membership is nontransferable.**

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