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Membership Application

Application Date: _____
Local Chapter Name: _____
Last Name _____ First Name _____
Home Address: _____
City: _____ State: _____ Zip: _____
Employer: _____
Position Title: _____
Business Address: _____
City: _____ State: _____ Zip: _____
Preferred Mailing Address: Home Business
Home Phone: _____
Business Phone: _____
Fax: _____
Date of Birth: _____
Would you like to receive monthly legal education via email?
 Yes No
Preferred Email Address: _____

Your Specialty Area: (required)

- | | |
|---|--------------------------------------|
| <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): _____ | |

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 |

If you were sponsored by a current NALS member, please list below:

Sponsor's Name: _____

Sponsor's Member Number: _____

Membership Category

- \$197 International Membership (US Currency Only)
 \$130 New Member Dues
 \$75 Associate Member (educators, judges, attorneys)
 \$29 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. There will be a \$20 charge for returned checks. Make checks payable to NALS.

- Check One: Check or Money Order Visa
 MasterCard Discover

Credit Card Number:

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Expiration Date: Month _____ Year _____

Security Code: _____

Signature (credit card registrants only)

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 and Professional Responsibility* and the bylaws/standing rules as adopted by NALS.
(Visit www.nals.org/aboutnals for details.)

Applicant's Signature

Membership is nontransferable.

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