NALS
the association for legal professionals

engage
inspire
enhance
promote

Membership Application

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
- ○ Criminal
- ○ Bankruptcy
- ○ Taxation
- ○ Administrative
- ○ Government
- ○ Real Estate
- ○ 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:

- ○ Law Office
- ○ Corporate Legal Department
- ○ Government Services
- ○ Self-employed
- ○ Court System
- ○ 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)
- ☒ $15 Local Chapter Dues
- ☒ $15 State Association Dues

Total Due $ 173.00

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 for details)*

Applicant's Signature _____

Membership is nontransferable.

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