



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)
 \$108 New Member Dues
 \$53 Associate Member (educators, judges, attorneys)
 \$19 Student Member (minimum 9 credit hours required)
 \$_____ Local Chapter Dues
 \$_____ 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:

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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.*