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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

Title:
 Legal Secretary Paralegal
 Legal Assistant Law Office Administrator

Type of Legal Office:
 Law Office Self-employed
 Corporate Legal Department Court System
 Government Services 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)
 \$165 New Membership
 \$130 Active Duty Military Membership
 \$75 Associate Membership (educators, judges, attorneys)
 \$29 Student Membership (minimum 9 credit hours required)

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: _____

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.