NALS the association for legal professionals

engage
inspire
enhance
promote

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)*

- ○ Law Office Management
- ○ Business/Corporate
- ○ Probate/Estate Planning
- ○ Court Personnel
- ○ Litigation
- ○ Family
- ○ Criminal
- ○ Bankruptcy
- ○ Taxation
- ○ Administrative
- ○ Government
- ○ Real Estate
- ○ 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:

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

Membership Category

- ○ $207 International Membership (US Currency Only)
- ○ $140 New Member Membership (National Dues)
- ○ $140 Active Duty Military Membership **[All-Inclusive]**
- ○ $85 Associate Membership (educators, judges, attorneys)
- ○ $39 Student Membership (minimum 9 credit hours required)
- ○ $ 10 Local Chapter Dues
- ○ $ 15 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:

☐☐☐☐-☐☐☐☐-☐☐☐☐-☐☐☐☐-☐

Expiration Date: Month_____ Year_____

Security Code: _____

_____

Signature (credit card registrants only)

Return This Form and Payment to:

NALS...the association for legal professionals
Dept. #170
PO Box 701683
Tulsa, Oklahoma, 74170
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

If you have any questions, contact NALS of Philadelphia Membership Director Jacquie Hannigan @ jhannigan@kcr-law.com.

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