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Membership Application

Local Chapter Name: NATS OF PHILADELPHIA		Membership Category	
		O \$197 International Membership (US Currency Only)	
		\$130 New Member Dues	
Last Name First Name		O \$75 Associate Member (educators, judges, attorneys)	
Home Address:		O \$29 Student Member (minimum 9 credit hours required)	
		\$ 10.00 Local Chapter Dues	
Employer:		\$ 15.00 State Association Dues	
Position Title:			
Business Address:		Total Due \$155_00	
City:Sta	nte: Zip:	10tal bue 3 133,00	
Preferred Mailing Address: O He	ome O Business	Downson thinks d	
Home Phone:		Payment Method Payment must accompany application. There will be a \$20	
Business Phone:		charge for returned checks. Make checks payable to NALS.	
Fax:			
Date of Birth:		Check One: O Check or Money Order O Visa	
Would you like to receive monthly legal education via email?		O MasterCard O Discover	
OYes ONo			
Preferred Email Address:		Credit Card Number:	
\$			
		Expiration Date: Month Year	
Your Specialty Area: (required) O Law Office Management O Business/Corporate O Bankruptcy		Security Code:	
O Probate/Estate Planning	OTaxation		
O Court Personnel	OAdministrative	Signature (credit card registrants only)	
O Litigation	OGovernment		
O Family	O Real Estate	Return This Form and Payment to:	
O Other (specify):		NALSthe association for legal professionals	
Venue Mentered in the Legal Bushessi		8159 East 41st Street	
Years Worked in the Legal Profession:		Tulsa, OK 74145	
O 0-1 O 2-5 O 6-10 O 11-1	5 O 16-19 O Over 20	or Fax To: (918) 582-5907	
Lawyers in Office:		Questions?	
O 0-1 O 2-5 O 6-10 O 11-20	O 21-49 O Over 50	Call (918) 582-5188 and ask for the member services department.	
Type of Legal Office:		I agree to be bound by the Code of Ethics and Professional Responsibility	
O Law Office O Self-employed		and the bylaws/standing rules as adopted by NALS.	
O Corporate Legal Department O Government Services	OCourt System OOther	(Visit www.nals.org/aboutnals for details.)	
If you were sponsored by a current NALS member, please list below:		Applicant's Signature	
Sponsor's Name:		Membership is nontransferable.	
Sponsor's Member Number:		Please send a copy of this application to your local	
		membership chair	