



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:

- Law Office Management
- Business/Corporate
- Probate/Estate Planning
- Court Personnel
- Litigation
- Family
- Other (specify): _____
- Criminal
- Bankruptcy
- Taxation
- Administrative
- Government
- Real Estate

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)
- \$108 New Member Dues
- \$53 Associate Member (educators, judges, attorneys)
- \$19 Student Member (minimum 9 credit hours required)
- \$ 10 Local Chapter Dues
- \$ _____ State Association Dues

Total Due \$ 118

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 _____

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.

HLSP, P.O. Box 692

Honolulu, Hawaii 96809