

# Application for Membership in NALS...the association for legal professionals

Date: \_\_\_\_\_  
 Name: \_\_\_\_\_  
 Email: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City/State/Zip: \_\_\_\_\_  
 County: \_\_\_\_\_

**Preferred Contact:**  Home  Business

Position Title: \_\_\_\_\_  
 Employer: \_\_\_\_\_  
 Business Address: \_\_\_\_\_  
 City/State/Zip: \_\_\_\_\_  
 Business Phone: \_\_\_\_\_  
 Business Fax: \_\_\_\_\_  
 Home Address: \_\_\_\_\_  
 City/State/Zip: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_  
 Home Fax: \_\_\_\_\_  
 Birthday (Month/Day): \_\_\_\_\_

**Please provide the following information:**

**Your specialty (check one)**

<input type="checkbox"/> Law Office Management	<input type="checkbox"/> Business/Corporate
<input type="checkbox"/> Probate/Estate Planning	<input type="checkbox"/> Administrative
<input type="checkbox"/> Criminal	<input type="checkbox"/> Bankruptcy
<input type="checkbox"/> Taxation	<input type="checkbox"/> Litigation
<input type="checkbox"/> Real Estate	<input type="checkbox"/> Family
<input type="checkbox"/> General	<input type="checkbox"/> Other _____

**Age**

Under 25    25-35    36-45    46-55    Over 55

**Years Worked in Legal Profession**

0-1    2-5    6-10    11-15    16-19    Over 20

**Number of Lawyers in Office**

0    1-5    6-10    11-20    21-49    Over 50

**Type of Legal Office**

<input type="checkbox"/> Law Office	<input type="checkbox"/> Government Service
<input type="checkbox"/> Court System	<input type="checkbox"/> Self-employed
<input type="checkbox"/> Corporate Legal Department	<input type="checkbox"/> Other _____

**Sponsor Information**

It is not necessary to have a sponsor to join; however, if a NALS member encouraged you to join, please provide that member's name and other information requested if you know it.

Sponsor Name: \_\_\_\_\_  
 Sponsor's Member Number: \_\_\_\_\_  
 Chapter Affiliation: El Paso Association of Legal Professionals

**DETERMINATION OF AMOUNT TO PAY**

NALS is a tri-level association. Please choose one in each of the categories below to determine the amount to pay. Payment must be included with application.

**1. NALS Member Dues (choose one)**

\$130 Member  
 \$ 85 Associate Member (educators, judges, attorneys)  
 \$ 39 Student Member  
 \$ 75 Retired Member  
 \$1,510 International Member

**2. Texas ALP Member Dues (choose one)**

\$15 Member  
 \$15 Member-at-Large (where no chapter is available)  
 \$ 5 Student Member

**3. Local Chapter Member Dues (choose one)**

\$15 Austin LPA, Inc.  
 \$ 9 Corpus Christi ALP  
 \$25 Dallas ALP  
 \$10 El Paso ALP  
 \$15 Houston ALP  
 \$10 Lubbock LPA  
 \$10 Midland ALP  
 \$10 NALS of Amarillo  
 \$10 San Antonio LSA  
 \$10 Waco LPA  
 \$25 Wichita County LSA

NALS Member Dues	\$ 130.00
TALP Member Dues	\$ 15.00
Local Chapter Member Dues	\$ 10.00
<b>TOTAL DUE:</b>	<b>\$ 155.00</b>

**Payment Method:** Payment must accompany application

**Make checks payable to: NALS**

Check One:  Check/Money Order    VISA  
 MasterCard    Discover

Name of Cardholder: \_\_\_\_\_  
 Credit Card Number: \_\_\_\_\_  
 Expiration Date: \_\_\_\_\_  
 Credit Card Signature: \_\_\_\_\_

**By submitting and signing this application, you certify that you qualify for membership and agree to be bound by the NALS Code of Ethics. Membership is not transferrable.**

**Signature:** \_\_\_\_\_

**Return this form and payment to:** NALS Inc.  
 Dept. #170  
 P.O. Box 701683  
 Tulsa, Oklahoma 74170

**SEND COPY TO:** Carrie Nevarez  
 Texas ALP Membership Chair  
 7201 Aberdeen Avenue  
 Lubbock, TX 79424  
 (Phone) 806-786-3056  
[Carrie@affiliatedtaxsolutions.com](mailto:Carrie@affiliatedtaxsolutions.com)



engage  
inspire  
enhance  
promote

