

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: _____

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
 \$ 7 El Paso County LSA
 \$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	\$ _____
TALP Member Dues	\$ _____
Local Chapter Member Dues	\$ _____
TOTAL DUE:	\$ _____

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



engage
 inspire
 enhance
 promote

