



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)

<input type="radio"/> Law Office Management	<input type="radio"/> Criminal
<input type="radio"/> Business/Corporate	<input type="radio"/> Bankruptcy
<input type="radio"/> Probate/Estate Planning	<input type="radio"/> Taxation
<input type="radio"/> Court Personnel	<input type="radio"/> Administrative
<input type="radio"/> Litigation	<input type="radio"/> Government
<input type="radio"/> Family	<input type="radio"/> Real Estate
<input type="radio"/> 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:

<input type="radio"/> Law Office	<input type="radio"/> Self-employed
<input type="radio"/> Corporate Legal Department	<input type="radio"/> Court System
<input type="radio"/> Government Services	<input type="radio"/> Other

If you were sponsored by a current NALS member, please list below:

Sponsor's Name: \_\_\_\_\_

Sponsor's Member Number: \_\_\_\_\_

### Membership Category

\$197 International Membership (US Currency Only)

\$130 New Member Dues

\$75 Associate Member (educators, judges, attorneys)

\$29 Student Member (minimum 9 credit hours required)

\$ 15.00 Local Chapter Dues

\$ \_\_\_\_\_ 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  
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 and Professional Responsibility* and the bylaws/standing rules as adopted by NALS.  
(Visit [www.nals.org/aboutnals](http://www.nals.org/aboutnals) for details.)

Applicant's Signature

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