



Texas Association of Legal Professionals
established 1955

Application for Secondary Membership

Name _____

NALS Primary Membership _____

NALS Member Number _____

Preferred Mailing Address: HOME OFFICE

Home Information

Address _____

City/State _____ Zip Code _____

Phone _____ Fax _____

E-mail _____

Other Information

Birthday (Month/Day) _____ Age Group

Years in Legal Profession _____ Under 25 25-35 36-45

46-55 Over 55

(Number of Lawyers in Office _____)

Type of Law Office: (select one)

Law Office Corporate Legal Department Self-Employed Court System

Government Service Other (Please specify _____)

Primary area of Law in which you work _____

Date _____

(Signature of Applicant)

Referred By _____

Dues for secondary membership in Texas ALP are \$20. Secondary membership is valid for one (1) year from the date on this form (renewable annually) and includes a one-year subscription to *The Texas Docket*. Please return this form and check payable to Texas Association of Legal Professionals to:

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