# 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)

Law Office Management	Business/Corporate
Probate/Estate Planning	Administrative
Criminal	Bankruptcy
Taxation	□ Litigation
Real Estate	□ Family
General	Other

### Age

## 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

Law Office	
Court System	
Corporate Legal Department	

Government Service	
Self-employed	

## **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
- \$ 75 Associate Member (educators, judges, attorneys)
- □ \$ 29 Student 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 ALP
- □ \$15 Houston ALP
- □ \$10 Lubbock LPA
- □ \$10 NALS of Amarillo
- □ \$10 San Antonio LSA
- □ \$10 Waco LPA
- □ \$25 Wichita County LPA

## NALS Member Dues TALP Member Dues

Local Chapter Member Dues

# TOTAL DUE:

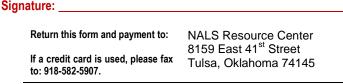
Payment Method: Payment must accompany application

# Make checks payable to: NALS

Check One: Check/Money Order MasterCard □ VISA □ Discover

\$

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.



SEND COPY TO:

Rhonda R. Price-Rogers Texas ALP Membership Chair 701 S Taylor, Ste 440, Amarillo, Tx 79101 806.350.5658 (Office) 806.236.4772 (Cell) rrogers@bmwb-law.com



