Texas Association of Legal Professionals Secondary Membership Application

Name	NALS Member Number
NALS Primary Mer	mbership (state or local chapter)
Address	
	Email
	OTHER INFORMATION
Birthday (Month/Da	avi
•	Under 25 25–35 36-45 46-55 Over 55
Age Cloup	
Number of lawyers	
Number of lawyers	
Type of Legal Offic	
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Type of Legal Offic Primary area of lav Date	ce Law Office Corporate Legal Court System Other w in which you work: Signature this form and check payable to Texas Association of Legal Professionals to: Emily D. Walterscheid, PP, CLP Texas ALP Membership Chair c/o Matthew Harris Law, PLLC. 1001 Main St. Suite 200, Lubbock, TX 79401

Date check sent to Texas ALP Treasurer: