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 _____

OFFICE INFORMATION

EMPLOYER _____

ADDRESS _____

CITY/STATE _____ ZIP CODE _____

PHONE _____ FAX _____

E-MAIL _____

OTHER INFORMATION

BIRTHDAY (MONTH/DAY) _____

YEARS IN LEGAL PROFESSION _____

AGE GROUP

☐ UNDER 25 ☐ 25–35 ☐ 36–45

☐ 46–55 ☐ OVER 55

TYPE OF LAW OFFICE (SELECT ONE): (NUMBER OF LAWYERS IN OFFICE _____)

☐ 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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