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Membership Application

Application Date:	Membership Category
Local Chapter Name:	O \$202 International Membership (US Currency Only)
Last Name First Name	O \$135 New Member Membership (National Dues)
Home Address:	O \$135 Active Duty Military Membership [All-Inclusive]
City:State:Zip:	O \$80 Associate Membership (educators, judges, attorneys)
	O \$34 Student Membership (minimum 9 credit hours required)
Employer:	O \$ Local Chapter Dues
Position Title:	O \$ State Association Dues
Business Address:	
City: Zip: Zip:	Total Due \$
Preferred Mailing Address: O Home O Business	
Home Phone:	Payment Method Payment must accompany application. There will be a \$20
Business Phone:	charge for returned checks. Make checks payable to NALS.
Fax:	
Date of Birth:	Check One: O Check or Money Order O Visa
Would you like to receive monthly legal education via email?	O MasterCard O Discover
OYes ONo	
Preferred Email Address:	Credit Card Number:
Your Specialty Area: (required)	Expiration Date: Month Year
O Law Office Management O Criminal	Security Code:
O Business/Corporate OBankruptcy	,
O Probate/Estate Planning O Taxation	
O Court Personnel O Administrative	Signature (credit card registrants only)
O Litigation O Government O Family O Real Estate	
O Other (specify):	Return This Form and Payment to: NALSthe association for legal professionals
	8159 East 41st Street
Years Worked in the Legal Profession:	Tulsa, OK 74145
O 0-1 O 2-5 O 6-10 O 11-15 O 16-19 O Over 20	or Fax To: (918) 582-5907
Lawyers in Office:	
○ 0-1 ○ 2-5 ○ 6-10 ○ 11-20 ○ 21-49 ○ Over 50	Questions? Call (918) 582-5188 and ask for the member services department.
0 0-1 02-3 0 0-10 0 11-20 0 21-49 0 0ver 30	Call (910) 302-3100 and askilor the member services department.
Type of Legal Office:	I agree to be bound by the Code of Ethics and Professional Responsibility
O Law Office O Self-employed	and the bylaws/standing rules as adopted by NALS.
O Corporate Legal Department O Court System	(Visit www.nals.org/aboutnals for details.)
O Government Services OOther	
If you were sponsored by a current NALS member, please list below:	Applicant's Signature
Sponsor's Name:	,
Sponsor's Member Number:	Membership is nontransferable.
Sponsor smember number.	Please send a copy of this application to your local

membership chair.