Application for Membership in NALS…*the association for legal professionals*

Date: _____

Name: _____

Email: _____

Address: _____

City/State/Zip: _____

County: _____

Preferred Mailing Address: 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 (circle one)

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

Age

Under 25 25-35 36-45 46-55 Over 55

Years Worked in Legal Profession

0-1 2-5 6-10 11-15 16-19 Over 20

Number of Lawyers in Office

0 1 2-5 6-10
11-20 21-49 Over 50

Type of Legal Office

Law Office	Government Service
Court System	Self-employed
Corporate Legal Department	Other _____

Sponsor Information

It is not necessary to have a sponsor to join; however, if an ALSA or 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: Austin LPA

Membership Amount to Pay

NALS is a tri-level association comprised of national, state and local associations. Please choose one from each of the categories below to determine the correct amount to pay. Payment must be included with the application.

1. **NALS Member Dues (choose one)**
   - **$143 Member**
   - $ 53 Associate Member (educators, judges, attorneys)
   - $ 19 Student Member

2. **TALP Member Dues (State Association)**
   - **$15 Member**
   - $ 5 Student Member

3. **ALPA Member Dues (Local Association) (applies to secondary members also)**
   - **$15 Member**
   - $15 Student Member
   - $30 Associate Member
   - $10 Retired Member

Total Member (NALS, TALP & ALPA) = $173.00
Total Student Member (NALS, TALP & ALPA) = $39.00

Payment Method: Payment must accompany application

Make checks payable to: NALS

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

Name of Cardholder: _____

Credit Card Number: _____

Expiration Date & Security Code (required): _____

Credit Card Signature: _____

Return this form and payment to:

NALS Resource Center
8159 East 41st Street
Tulsa, Oklahoma 74145

Or

Fax your application and credit card submission to: 918-582-5907

WITH A COPY TO ALPA VICE PRESIDENT/ MEMBERSHIP CHAIRMAN:

Trudy Rush
Thompson Coe Cousins & Irons
701 Brazos, Suite 1500
Austin, Texas 78701
512-703-5082

If you have any questions, you can email Trudy Rush at trush@thompsoncoe.com or call at 512-703-5082

Maximizing Your Potential!
NALS… the association for legal professionals