NALS
the association for legal professionals

engage
inspire
enhance
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Membership Application

Application Date: _____

Local Chapter Name: NALS of Greater Kalamazoo

Last Name _____ First Name _____

Home Address: _____

City: _____ State: _____ Zip: _____

Employer: _____

Position Title: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Preferred Mailing Address: ☐ Home ☐ Business

Home Phone: _____

Business Phone: _____

Fax: _____

Date of Birth: _____

Would you like to receive monthly legal education via email?

☐ Yes ☐ No

Preferred Email Address:

_____

Your Specialty Area: *(required)*

- ☐ Law Office Management
- ☐ Business/Corporate
- ☐ Probate/Estate Planning
- ☐ Court Personnel
- ☐ Litigation
- ☐ Family
- ☐ Criminal
- ☐ Bankruptcy
- ☐ Taxation
- ☐ Administrative
- ☐ Government
- ☐ Real Estate
- ☐ Other (specify): _____

Years Worked in the Legal Profession:

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

Lawyers in Office:

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

Type of Legal Office:

- ☐ Law Office
- ☐ Corporate Legal Department
- ☐ Government Services
- ☐ Self-employed
- ☐ Court System
- ☐ Other

Membership Category

- ☐ $207 International Membership (US Currency Only)
- ☐ $140 New Member Membership (National Dues)
- ☐ $140 Active Duty Military Membership **[All-Inclusive]**
- ☐ $85 Associate Membership (educators, judges, attorneys)
- ☐ $39 Student Membership (minimum 9 credit hours required)
- ☐ $ 10 Local Chapter Dues
- ☐ $ 15 State Association Dues

Total Due $ _____

Payment Method

Payment must accompany application. There will be a $20 charge for returned checks. Make checks payable to NALS.

Check One: ☐ Check or Money Order ☐ Visa ☐ MasterCard ☐ Discover

Credit Card Number:

☐☐☐☐-☐☐☐☐-☐☐☐☐-☐☐☐☐-☐

Expiration Date: Month _____ Year _____

Security Code: _____

_____

Signature (credit card registrants only)

Return This Form and Payment to:

NALS...the association for legal professionals
Dept. #170
PO Box 701683
Tulsa, Oklahoma, 74170
or Fax To: (918) 582-5907

Questions?

Call (918) 582-5188 and ask for the member services department.

I agree to be bound by the *Code of Ethics and Professional Responsibility* and the bylaws/standing rules as adopted by NALS.
(Visit www.nals.org/aboutnals for details.)

_____

Applicant's Signature

Membership is nontransferable.
Please send a copy of this application to your local membership chair.:
kehutch60@yahoo.com