

# Application for Membership in NALS...*the association for legal professionals*

Date: \_\_\_\_\_  
 Name: \_\_\_\_\_  
 Email: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City/State/Zip: \_\_\_\_\_  
 County: \_\_\_\_\_  
 Preferred Contact:  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 (check one)**

- |  |   |
|--|---|
| <input type="checkbox"/> Law Office Management   | <input type="checkbox"/> Business/Corporate |
| <input type="checkbox"/> Probate/Estate Planning | <input type="checkbox"/> Administrative     |
| <input type="checkbox"/> Criminal                | <input type="checkbox"/> Bankruptcy         |
| <input type="checkbox"/> Taxation                | <input type="checkbox"/> Litigation         |
| <input type="checkbox"/> Real Estate             | <input type="checkbox"/> Family             |
| <input type="checkbox"/> General                 | <input type="checkbox"/> 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    1-5    6-10    11-20    21-49    Over 50

**Type of Legal Office**

- |   |   |
|---|---|
| <input type="checkbox"/> Law Office                 | <input type="checkbox"/> Government Service |
| <input type="checkbox"/> Court System               | <input type="checkbox"/> Self-employed      |
| <input type="checkbox"/> Corporate Legal Department | <input type="checkbox"/> Other _____        |

**Sponsor Information**

It is not necessary to have a sponsor to join; however, if a 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: \_\_\_\_\_

**DETERMINATION OF AMOUNT TO PAY**

NALS is a tri-level association. Please choose one in each of the categories below to determine the amount to pay. Payment must be included with application.

**1. NALS Member Dues (choose one)**

- \$130 Member  
 \$75 Associate Member (educators, judges, attorneys)  
 \$29 Student Member

**2. Texas ALP Member Dues (choose one)**

- \$15 Member  
 \$15 Member-at-Large (where no chapter is available)  
 \$5 Student Member

**3. Local Chapter Member Dues (choose one)**

- \$15 Austin LPA, Inc.  
 \$9 Corpus Christi ALP  
 \$25 Dallas ALP  
 \$7 El Paso County LSA  
 \$15 Houston ALP  
 \$10 Lubbock LPA  
 \$10 Midland ALP  
 \$10 NALS of Amarillo  
 \$10 San Antonio LSA  
 \$10 Waco LPA  
 \$25 Wichita County LSA

NALS Member Dues \$ \_\_\_\_\_  
 TALP Member Dues \$ \_\_\_\_\_  
 Local Chapter Member Dues \$ \_\_\_\_\_  
**TOTAL DUE:** \$ \_\_\_\_\_

**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: \_\_\_\_\_  
 Credit Card Signature: \_\_\_\_\_

By submitting and signing this application, you certify that you qualify for membership and agree to be bound by the NALS Code of Ethics. Membership is not transferrable.

Signature: \_\_\_\_\_

Return this form and payment to: NALS Resource Center  
 8159 East 41<sup>st</sup> Street  
 Tulsa, Oklahoma 74145  
 If a credit card is used, please fax to: 918-582-5907.

**SEND COPY TO:**

**Aurora (Rory) Cavazos, PLS, CLA, CPS**  
 21135 Pacific Grove  
 San Antonio, TX 78259  
[rcavazos@saafdn.org](mailto:rcavazos@saafdn.org)

