

SAN ANTONIO LSA

Member of NALS...the association for legal professionals and Texas ALP

APPLICATION FOR LOCAL SECONDARY MEMBERSHIP

NAME _____

NALS PRIMARY MEMBERSHIP (state or local chapter) _____

NALS MEMBERSHIP NUMBER _____

PLEASE DESIGNATE PREFERRED ADDRESS: HOME OFFICE

HOME INFORMATION

ADDRESS _____

CITY/STATE/ZIP _____

PHONE _____ FAX _____

E-MAIL _____

OFFICE INFORMATION

EMPLOYER _____

ADDRESS _____

CITY/STATE/ZIP _____

PHONE _____ FAX _____

E-MAIL _____

OTHER INFORMATION

BIRTHDAY (MONTH/DAY) _____ AGE GROUP: Under 25 25-35 36-45

YEARS IN LEGAL PROFESSION _____ 46-55 56-64 Over 65

TYPE OF LEGAL OFFICE: _____ 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 local secondary membership in San Antonio LSA are \$10. Local secondary membership is valid for one (1) year from the date on this form (renewable annually) and includes a one-year subscription to the *Summons*. Please return this form and check payable to San Antonio LSA to:

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