



Application for Membership in NALs...the association for legal professionals

Date: _____

Check Membership Category/Categories Applied For:

Chapter Name: Kansas City Legal Secretaries Association

Name: _____

Dues

Home Address: _____

\$175 International Membership (US Currency Only)

\$143 New Member Dues

Employer: _____

\$53 Associate Member (educators, judges, attorneys)

Position Title: _____

\$19 Student Member (minimum 9 credit hours required)

Business Address: _____

Preferred Mailing Address: Home Business

Total Due \$ _____

Telephone:

Home: _____

Payment Method

Business: _____

Payment must accompany application.

Fax: _____

Make Checks payable to: NALS*

Date of Birth: _____

Check One: Check or Money Order Visa

Would you like to receive monthly legal education via e-mail?

MasterCard Discover

Yes No

Preferred e-mail address:

Account Number from your Credit Card:

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Your Specialty:

- | | |
|---|--------------------------------------|
| <input type="radio"/> Law Office Management | <input type="radio"/> Criminal |
| <input type="radio"/> Business/Corporate | <input type="radio"/> Bankruptcy |
| <input type="radio"/> Probate/Estate Planning | <input type="radio"/> Taxation |
| <input type="radio"/> Court Personnel | <input type="radio"/> Administrative |
| <input type="radio"/> Litigation | <input type="radio"/> Government |
| <input type="radio"/> Family | <input type="radio"/> Real Estate |
| <input type="radio"/> Other (specify): _____ | |

Expiration Date: Month _____ Year _____

Credit Card Signature: _____

There will be a \$20 charge for returned checks.

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

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:

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

Return This Form and Payment to:

NALS...the association for legal professionals

8159 East 41st Street

Tulsa, OK 74145

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 of NALS

Applicant's Signature _____

Membership is nontransferable.

Please send a copy of this application to your local membership chair.

Sponsor's Name: _____

Sponsor's Member Number: _____