

NALS of Washington...the association for legal professionals

Membership Application

Name: _____
E-Mail: _____
Address: _____
City, State Zip: _____
County: _____

Position Title: _____
Employer: _____
Business Address: _____
City, State Zip: _____

Preferred Mailing Address: _____ Home _____ Business

Home Phone: _____
Business Phone: _____
Fax: _____

- Check here if you prefer not to receive literature from organizations or companies who are given permission to mail special offers to our members from time to time.

Check Membership Category Applied For:

- \$108 National Membership Dues
 \$ 12 State Chapter Dues
 \$ 8 Local Chapter Dues
(*refer to website for local chapter dues)
 \$ 19 Student Member
(Minimum of 9 credit hours required)
 \$53 Associate Member Dues
(educators, judges, and attorneys)

Total Dues \$ _____
State Name: NALS of Washington
*Local Chapter: _____

- * You may join the local association where you live or work. If you leave this section blank, you will be notified of the local association in your area.

Payment Method:

Payment must be included with application.
Make checks payable to: NALS

Check One:

- Visa MasterCard
 Discover Check/Money Order (Payable to NALS)

Name of Card Holder: _____
Credit Card Number: _____
Expiration Date: _____
Credit Card Signature: _____

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

Sponsor Information:

Sponsor Name: _____
Sponsor's Member Number: _____

Your Specialty:

- | | |
|--|---|
| <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"/> Court Personnel | <input type="checkbox"/> Government |
| <input type="checkbox"/> Other (specify): _____ | |

Birthdate: _____

Years Worked in Legal Profession:

- | | | |
|--------------------------------|--------------------------------|----------------------------------|
| <input type="checkbox"/> 0-1 | <input type="checkbox"/> 2-5 | <input type="checkbox"/> 6-10 |
| <input type="checkbox"/> 10-15 | <input type="checkbox"/> 16-19 | <input type="checkbox"/> Over 20 |

Number of Lawyers in Office:

- | | | |
|----------------------------------|--------------------------------|--------------------------------|
| <input type="checkbox"/> 0 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2-5 |
| <input type="checkbox"/> 6-10 | <input type="checkbox"/> 11-20 | <input type="checkbox"/> 21-49 |
| <input type="checkbox"/> Over 50 | | |

Type of Legal Office:

- | | |
|---|--|
| <input type="checkbox"/> Law Office | <input type="checkbox"/> Court System |
| <input type="checkbox"/> Corporate legal department | <input type="checkbox"/> Self-employed |
| <input type="checkbox"/> Government services | <input type="checkbox"/> Other: |

RETURN THIS FORM AND PAYMENT TO:

Meghan J. Allen
NALs of Washington Membership Director
c/o LeSourd & Patten, P.S.
600 University Street, Suite 2401
Seattle, WA 98101
Phone: 206-357-5094 (w)

• IMPORTANT •

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 non-transferable.

Questions? email mallen@lesourd.com

I agree to be bound by the Code of Ethics of NALS.

Applicant's Signature

* For NALS of Kitsap County, please forward a copy of your completed application to: Debi Smith at one of the following: lilmiss229@yahoo.com; 3212 SW Byron St., Ste 104, Silverdale, WA 98383. We will immediately put you on our mailing list.