

# HOUSTON ASSOCIATION OF LEGAL PROFESSIONALS

Affiliated with:  
NALS®...the association for legal professionals  
Texas Association of Legal Professionals



## APPLICATION FOR MEMBERSHIP IN NALS . . . the association for legal professionals

Application Date: \_\_\_\_\_

Local Chapter: **Houston Association of Legal Professionals**

Name: \_\_\_\_\_

### HOME INFORMATION

Address: \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Telephone: \_\_\_\_\_

Cell: \_\_\_\_\_

E-mail: \_\_\_\_\_

### WORK INFORMATION

Employer: \_\_\_\_\_

Position Title: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Telephone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Please designate preferred mailing address:

Home  Business

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

Yes  No

Date of Birth: \_\_\_\_\_

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): _____  |                                      |

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 Service         | <input type="radio"/> Taxation      |

If you were sponsored by a current NALS member, please list below:

Sponsor's Name: \_\_\_\_\_

Sponsor's Member Number: \_\_\_\_\_

Check Applicable Membership Category:

Dues:

- \$160.00 New Member  
 \$41.50 Student Member (minimum 9 credit hours required)

Total Due: \$ \_\_\_\_\_

Payment Method:

Payment must accompany application. There will be a \$20 charge for returned checks. **Make check 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:**

Kip Hall, PLS  
Houston ALP Vice President-Membership  
3319 Louvre Lane  
Houston, Texas 77082  
713.515.5110  
membership@houstonalp.org

Follow us!



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](http://www.nals.org/aboutnals) for details.)

Applicant's Signature

**NOTICE: MEMBERSHIP IS NONTRANSFERABLE.**