



Houston Association of Legal Professionals

APPLICATION FOR LOCAL SECONDARY MEMBERSHIP

Name: _____

NALS Primary Membership (your local chapter) _____

NALS Member Number: _____

Please designate preferred address: home office

Home Information

Address: _____

City/State: _____ ZIP Code _____

Phone: _____ Fax (optional): _____

E-mail: _____

Office Information

Employer: _____

Address: _____

City/State: _____ ZIP Code: _____

Phone: _____ Fax: _____

E-mail: _____

Other Information

Birthday (month/day): _____

Age Group:

Years in Profession: _____

under 25 25-36 36-45

46-55 56-64 65 and over

Type of Legal Office: _____ Number of Lawyers in office: _____

law office corporate legal dept. self-employed court system government service

Primary Area of Law in Which You Work: _____

Date: _____

(Signature of Applicant)

Referred by: _____

Secondary memberships are strictly for legal professionals who are NALS members affiliated with another local chapter, but wish to receive nonvoting membership benefits in Houston ALP. Dues for secondary local membership in Houston ALP are \$35. Local secondary membership is valid for one (1) year from the date on this form and includes a one-year subscription to the *Highlights*. Please return this form and check made payable to Houston Association of Legal Professionals to: *Elvester Green, PLS, TSC, P. O. Box 60482, Houston, Texas 77205; Phone: 713.385.5576, fax 713.583.9320; e-mail at egreenhorn3@hotmail.com.*