



HOUSTON ASSOCIATION OF LEGAL PROFESSIONALS

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

APPLICATION FOR LOCAL SECONDARY MEMBERSHIP

NAME: _____ NALS MEMBER NUMBER: _____

NALS PRIMARY MEMBERSHIP (LOCAL CHAPTER): _____

PLEASE DESIGNATE PREFERRED ADDRESS: HOME OFFICE

HOME INFORMATION

ADDRESS: _____

CITY/STATE: _____ ZIP CODE: _____

PHONE: _____ FAX: _____

E-MAIL: _____

OFFICE INFORMATION

EMPLOYER: _____

ADDRESS: _____

CITY/STATE: _____ ZIP CODE: _____

PHONE: _____ FAX: _____

E-MAIL: _____

OTHER INFORMATION

BIRTHDAY (MONTH/DAY): _____ AGE GROUP

YEARS IN LEGAL PROFESSION: _____ UNDER 25 25—35 36—45

46—55 56—64 65 AND OVER

TYPE OF LAW OFFICE: _____ NUMBER OF LAWYERS IN OFFICE: _____

LAW OFFICE CORPORATE LEGAL DEPARTMENT SELF-EMPLOYED COURT SYSTEM GOVERNMENT SERVICE

OTHER (SPECIFY): _____

PRIMARY AREA OF LAW IN WHICH YOU WORK: _____

DATE: _____

(SIGNATURE OF APPLICANT)

REFERRED BY: _____

Dues for local secondary membership are \$15 per year. 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. Local secondary membership is valid for one 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:

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