

**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:

- \$112 New Member Dues
(includes state and national dues)
- \$____ Local Chapter Dues
(*refer to website for local chapter dues)
- \$55 Associate Member Dues
(educators, judges, and attorneys)
- \$750 Lifetime Member Dues
(national dues only; state/local dues billed annually)

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: Jan Manberg, Certified PLS
Sponsor's Member Number: 3891

Your Specialty:

- Law Office Management Business/Corporate
- Probate/Estate Planning Administrative
- Criminal Bankruptcy
- Taxation Litigation
- Real Estate Family
- Court Personnel Government
- Other (specify): _____

Birthdate: _____

Years Worked in Legal Profession:

- 0-1 2-5 6-10
- 10-15 16-19 Over 20

Number of Lawyers in Office:

- 0 1 2-5
- 6-10 11-20 21-49
- Over 50

Type of Legal Office:

- Law Office Court System
- Corporate legal department Self-employed
- Government services Other:

RETURN THIS FORM AND PAYMENT TO:

Jan Manberg, Certified PLS
NALS of Washington Membership Director
1922 SW Snively Ave.
Chehalis, WA 98532-4024
Phone: 360-748-4744 (h) 360-586-7687 (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 jandean@localaccess.com

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

Applicant's Signature