



... the association for legal professionals

Secondary Membership Application

Name: _____
Home Mailing Address: _____
Work Mailing Address: _____
Preferred Mailing Address: WORK HOME
Home Phone: _____
Work Phone: _____
Fax: _____
Email: _____

I HEREBY AFFIRM THAT:

1. I am a member in good standing of NALS.
 2. I am a member in good standing of _____.
(name of state association)
 3. I am a member in good standing of _____.
(name of chapter association)
- OR
4. I am a member-at-large of the _____.
(name of state association)

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

Dated: _____

Signature of Applicant

Attach a check in the amount of \$16, payable to NALS of Washington.

Send to: Jennifer Endres
 NALS of Washington Membership Director
 Stoel Rives, LLP
 600 University Street, Suite 3600
 Seattle, WA 98101
 Phone: 206.689.8743
 E-mail: jlendres@stoel.com