

Application for Secondary Membership in AALS – the Association for Arkansas Legal Support Professionals

Excerpt from AALS By-Laws: “Article II, Section 3, Secondary Members. Any individual member of another chapter or state association may apply for secondary membership. Secondary members may not vote or hold elective office.”

Date: _____

Dues:

Currently a Member in: _____

\$20 – Secondary Membership

Name: _____

Please return this form and Payment to:

Home Address: _____

AALS Treasurer
Janet W. Gordon, PLS
P.O. Box 1236
Bald Knob, AR 72010

Employer: _____

Position Title: _____

Business Address: _____

Preferred Mailing Address: Home Business

NALS CODE OF ETHICS AND PROFESSIONAL RESPONSIBILITY

Telephone: _____

Members of NALS are bound by the objectives of this association and the standards of conduct required of the legal profession.

Home: () _____

Business: () _____

Fax: () _____

Every member shall:

Would you like to receive monthly legal education via

e-mail fax

Preferred e-mail address: _____

Age:

under 25 25-35 36-45 46-55 over 55

Years Worked in Legal Profession:

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

Lawyers in Office:

0 1 2-5 6-10 11-20 20-49 over 50

Type of Legal Office:

Law office Corporate legal department

Self-employed

Court system Government services

Other: _____

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

Applicant's Signature

Membership is non-transferable.