



# NALS of Amarillo

P.O. Box 1044  
Amarillo, TX 79105

An Affiliate of NALS . . .  
the association for legal professionals

## Application for Secondary Membership

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE: (Office) \_\_\_\_\_ (Home) \_\_\_\_\_

I hereby affirm that:

A. I am a member in good standing of NALS, Inc. Member No.: \_\_\_\_\_

B. I am a member in good standing of \_\_\_\_\_  
(state association, if applicable)

C. I am a member in good standing of \_\_\_\_\_  
(local chapter, if applicable)

Verification of Current Membership:

\_\_\_\_\_  
(Signature of Chapter/State President) \_\_\_\_\_ Date \_\_\_\_\_

Print Name of President: \_\_\_\_\_

Make check for \$10.00 (state or local dues amount) payable to NALS of Amarillo (official name of state association or local chapter).

Mail to: NALS of Amarillo  
(print your name and address)

P.O. Box 1044

Amarillo, Texas 79105