



# NALSofArizona

## APPLICATION FOR SECONDARY MEMBERSHIP

NAME: \_\_\_\_\_  
NALs PRIMARY MEMBERSHIP (STATE/CHAPTER): \_\_\_\_\_  
NALs MEMBERSHIP NUMBER: \_\_\_\_\_

PREFERRED MAILING 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  OVER 55  
TYPE OF LAW OFFICE (SELECT ONE):  
 LAW OFFICE  CORPORATE LEGAL DEPARTMENT  SELF-EMPLOYED  
 COURT SYSTEM  GOVERNMENT SERVICE  OTHER (PLEASE SPECIFY): \_\_\_\_\_  
PRIMARY AREA OF LAW IN WHICH YOU WORK: \_\_\_\_\_

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE OF APPLICANT

REFERRED BY: \_\_\_\_\_

Dues for Secondary Membership in NALS of Arizona are \$15. Secondary Membership is valid for one (1) year from the date on this form (renewable annually) and includes a one-year subscription to *The Abstract*. Please return this form and check payable to NALS of Arizona to:

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