

MEMBERSHIP INVOICE

MEMBER INFORMATION	
Account Number:	Name on Account:
	Preferred Email:
Membership Type (select type):	Active - \$154 Associate/Sustaining - \$129
*Members of a NALA Affiliated Association	on will now automatically receive 25% off Active Type Membership - \$115.50
*Please list your association name for verification purposes:	
PAYMENT INFORMATION	
Check number:	in the amount of: \$
Charge my credit card the renewa	al amount listed above:
Name on Credit Card:	
Billing Address:	
Credit Card Number:	
Expires:	

Note: If you are a NALA Certified Paralegal, your certification fees are separate from your membership fees.

Terms and Conditions - I agree to be bound by the Code of Ethics and Professional Responsibility and the bylaws as adopted by NALA. I further agree to NALA's Refund and Cancellation policy, which is posted on its website. Contributions or gifts to the National Association of Legal Assistants, Inc., are not deductible as charitable contributions for federal income tax purposes. However, payments may qualify as ordinary and necessary business expenses.