



6450 S Lewis Ave, Suite 250 | Tulsa, OK 74136 | PH: 918-587-6828 | FAX: 918-582-6772 | www.nala.org

MEMBERSHIP INVOICE

MEMBER INFORMATION

Account Number: _____ Name on Account: _____

Preferred Mailing Address: _____

Preferred Phone: _____ Preferred Email: _____

Membership Type (select type): ☐ Active - \$170 ☐ Associate/Sustaining - \$145

**Members of a NALA Affiliated Association will now automatically receive \$50 off Active Type Membership - \$120*

**Please list your association name for verification purposes: _____.*

PAYMENT INFORMATION

Check number: _____ in the amount of: \$ _____

Charge my credit card the renewal 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.

Signature of authorization: _____ Date: _____