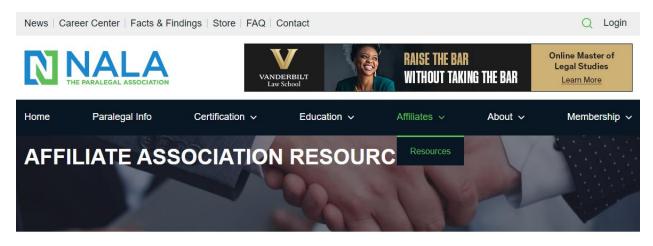
1. Visit the Affiliates > Resources page located at https://nala.org/affiliates/resources/



If you are an officer of a NALA Affiliated Association, this is an important page for you. This page includes links to forms and information needed to support the affiliation of your association with NALA.

Affiliation Fee Renewal

Please click here for instructions on how to renew your association's membership.

Affiliate Liaisons

Our NALA Member Services Representative for Affiliated Associations is always here to help. If you have questions or need technical assistance please feel free to contact NALA at affiliates@nala.org.

Affiliation Required Annual and Mid-Year Reports

2. Scroll to find this section:

Home	Paralegal Info	Certification ~	Education ~	Affiliates ∨	About ~	Membership ∨
				Resources		
Affiliat	ed Association Info	ormation				
2023 AF	FILIATE AWARD					+
2023 NALA AFFILIATED ASSOCIATIONS NATIONAL ACHIEVEMENT AWARD						+
2023 AF	FILIATE SHOWCA	ASE REGISTRATIO	N			+
AFFILIA	TE NEWSLETTER	.s				+
SAMPLE	E BYLAWS WITH I	REQUIRED LANGU	JAGE			+
	24 NOMINATIONS ATION SECRETAI	& VOTING - AFFIL	IATED ASSOCIAT	TON DIRECTOR	& AFFILIATE	_

3. Expand section and scroll past AA Director Nomination Form & AA Secretary Nomination Form to locate:

2023/2024 NALA Affiliated Association Designated Voter Form

2023/2024 NALA AFFILIATED ASSOCIATION DESIGNATED VOTER FORM

The purpose of this form is for NALA Affiliated Associations to formally identify who will be their "designated voter" on behalf of

their association during NALA Affiliated Associations elections. Name of Person Completing This Form (Required) Last Email of Person Completing This Form (Required) Enter Email Confirm Email NALA Affiliated Association President Name (Required) First NALA Affiliated Association President Contact (Required) Enter Email Confirm Email NALA Affiliated Association NALA Lisison Name (Required) First Last NALA Affiliated Association NALA Lisison Contact (Required) Confirm Email Your Association's Designated Voter Name for NALA AA Elections (Required) First Last Your Association's Designated Voter Contact for NALA AA Elections (Required) Email Confirm Email Submission Date mm/dd/yyyy Please confirm below the following individuals are aware and have approved your association's designated voter listed above and this formal submission to NALA. (Required) Association President Association NALA Liaison ☐ Your Association's Designated Voter Select All Submit

4. Complete information required on form then click submit!