

NALA GROUP RATE APPLICATION - EMPLOYER

EMPLOYER INFORMATION

Complete the information below. This is required to receive the group rate.

Company name

Street address

City

State

ZIP code

Company contact last name

Company contact first name

Company contact email

Company contact phone number

GROUP RATE TIER

How many paralegals in your employ would you like to purchase membership for?

- 5-9 (\$825) 10-14 (\$1,475) 15-19 (\$2,050) 20-24 (\$2,600)
- 25-29 (\$3,125) 30-39 (\$3,975) 40-49 (\$5,150) 50-74 (\$5,900)
- 75-99 (\$8,500)

PAYMENT

Check enclosed (payable to NALA) in the amount of \$ _____

Credit card charge to: Visa MasterCard American Express Discover

In the amount of \$ _____

Name as appears on card

Card number

Expiration date

Billing address

City

State

ZIP code

- I agree to pay the amount specified above. I agree to provide a copy of NALA's [Code of Ethics and Professional Responsibility](#) to every paralegal whose membership I am paying for. I understand that membership is not transferrable and belongs solely to the paralegal who signed an application that accompanies this one.

Click [here](#) to access the form your employees need to fill out to accompany this form. You will also need to sign their form.

Send this form with payment to 6450 S Lewis Ave, Ste 250, Tulsa, OK 74136. Payment can also be made by calling NALA at 918-587-6828.

Send this form and all individual paralegal applications to nalanet@nala.org.