

Your employer has chosen to invest in your professional development by providing you with a year-long Active type membership with NALA - The Paralegal Association. Some of the exciting benefits you receive as a NALA member are discounts on webinars, conference registration, and Certified Paralegal (CP®) application fees. You also gain exclusive access to NALA Commons, the Career Center, and Affinity Discounts. Be sure to take advantage of your \$80 education voucher. For more information about membership benefits, click [here](#).

## INDIVIDUAL INFORMATION

Complete the information below. This is required for your employer to pay for your membership.

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Last name	First name	Middle initial
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Street address

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City	State	ZIP code
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Email	Phone number
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Employer name

- ☐ I have received and read a copy of NALA's [Code of Ethics and Professional Responsibility](#). I agree to be bound by the *Code of Ethics and Professional Responsibility* and the Bylaws as adopted by NALA. In accordance with Articles 3.7 and 3.22 of the NALA Bylaws, individuals who have been convicted of a felony are not eligible for membership in NALA. I further understand that this application is subject to approval by NALA and as part of my submission, I attest that I have met one of the qualifications required for membership.

## PLEASE ANSWER THE FOLLOWING QUESTIONS.

How did you become acquainted with NALA?

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Are you active duty military?

- ☐ Yes      ☐ No

# **NALA** GROUP RATE APPLICATION - PARALEGAL

Check the most appropriate description of your employer:

☐ Non-profit      ☐ Private      ☐ Public      ☐ Retired      ☐ Other

Number of attorneys:

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Number of paralegals:

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Number of nonlegal personnel:

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Specialty area of work:

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Print name

Signature

Date

☐ As the employer of the paralegal named on this form, I agree to pay for his/her NALA membership.

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Company contact name (print)

Signature

Date

***Return this form to your employer to be submitted with the accompanying group rate applications.***