

# CORPUS CHRISTI ASSOCIATION OF LEGAL PROFESSIONALS

## Secondary Membership Application

Name: \_\_\_\_\_

NALS Local/State Membership: \_\_\_\_\_

NALS Member Number: \_\_\_\_\_

Please Designate Preferred Address: Home \_\_\_\_\_ Work \_\_\_\_\_

### Home Information:

Address: \_\_\_\_\_

City/State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-Mail: \_\_\_\_\_

### Office Information:

Address: \_\_\_\_\_

City/State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-Mail: \_\_\_\_\_

### Other Information

Birthday (Month/Day) \_\_\_\_\_

Age Group

Years in Legal Profession \_\_\_\_\_

\_\_\_ Under 25 \_\_\_ 25-35 \_\_\_ 36-45

\_\_\_ 46-55 \_\_\_ 56-65 \_\_\_ Over 65

Number of Lawyers in Office \_\_\_\_\_

Type of Law Office

\_\_\_ Law Office \_\_\_ Corporate Legal Department \_\_\_ Self-employed

\_\_\_ Court System \_\_\_ Government Service

\_\_\_ Other (Please specify) \_\_\_\_\_

Primary area of law in which you work: \_\_\_\_\_

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Applicant

Referred by \_\_\_\_\_

Dues for local secondary members in CCALP are \$9 per year. Local secondary membership is valid for one year from the date on this form (renewable annually). Please return this form and check made payable to Corpus Christi Association of Legal Professionals to:

Leatha Kopech - Vice President/Membership Chair  
Corpus Christi Association of Legal Professionals  
c/o Anderson Lehrman Barre & Maraist,LLP

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Corpus Christi, TX 78404

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