

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:

Return application with dues to:

Mel Rodriquez - Vice President/Membership Chair
Corpus Christi Association of Legal Professionals
c/o Dunn, Weathered, Coffey, Rivera & Kasperitis, P.C.
611 S. Upper Broadway
Corpus Christi, TX 78401
Office: 361-883-1594
melrodriquez@hotmail.com