

Middle Tennessee Chapter
Association of Legal Administrators

**Application for Membership
New Members & Renewals**

Personal Information

Name: _____

Job Title: _____

Employer: _____

Address: _____

Telephone: _____

Facsimile: _____

E-mail: _____

Birthdate: (Year not needed) _____

Employer Information

Number of Locations _____

Number of Lawyers:

Your location _____

Companywide _____

Number of Paralegals:

Your location _____

Company-wide _____

Membership Qualification

What are your primary job responsibilities? Check one box only:

Executive Director/Principal Administrator
Office/Business Manager
Branch Office Manager

College/University Instructor/Other Staff
Consultant
Attorney

Support Manager/Functional Specialist:
Identify your primary job responsibility.

Finance

Human Resources

Technology

Facilities

Marketing

Practice Management

Student: Discipline or Major _____

Please provide the following information about your employer. Check one box only:

Private Law Office
Gov't Legal Dept/Judicial Agency/Court
Law Dept of Public Interest
Nonprofit Organization

Corporate Legal Department
Bar Association
College/University
Other: _____

Payment Information

Because ALA's membership year runs from January 1 through December 31, please determine your dues (or portion thereof).

Membership Dues, if application is being made in:

January, February or March	\$180.00
April, May or June	\$135.00
July, August or September	\$ 90.00
October, November or December	\$ 45.00

Please make your check payable to Middle Tennessee ALA.

Membership Criteria, Classes & General Information

- Middle Tennessee Chapter ALA adheres to the criteria set forth in the National ALA Application for Membership.
- Membership is not issued to organizations and is not transferable from one individual to another.
- Middle Tennessee Chapter members must also be members in good standing with the National ALA organization.

Signature Required

I hereby attest that I meet the criteria for membership outlined above and in Section 6 of the National ALA Application for Membership.

Signature: _____

Date: _____

Return your renewal application with your check made payable to Middle Tennessee ALA to:

Becky Francis, CPA
Cornelius & Collins, LLP
511 Union Street, Ste. 1500
P.O. Box 190695
Nashville, TN 37219