



**ASSOCIATION OF LEGAL ADMINISTRATORS
HAMPTON ROADS CHAPTER**

Please print or type:

Name: _____
(Last) (First) (Nickname, if any) (Middle Initial)

Title: _____

Employer: _____

Address: _____
(Street)

(City) (State) (Zip)

Other Office Locations: _____

Direct Phone: _____ Firm Phone: _____

Fax No.: _____ No. of Attorneys: _____

E-Mail: _____

Please check the most appropriate description of your employer:

_____	Private Law Office	_____	Governmental Legal Agency
_____	Corporate Law or Patent Dept.	_____	Judicial Agency/Court
_____	Other (describe) _____		

Membership in ALA National is required before joining local chapters.

Please indicate ALA National Membership Number: _____ (if currently a member) or

Date application was submitted to ALA National: _____

Please enroll me in the Hampton Roads Chapter of Legal Administrators Association. Annual dues are \$150, payable on January 1st, the beginning of the membership year.

Make check payable to: Hampton Roads Chapter of Legal Administrators

Return this form and your check to:

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Virginia Beach, Virginia 23451
Telephone: 757-425-5200
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Date

Signature of Applicant