



A Chapter of the Association of Legal Administrators

APPLICATION FOR MEMBERSHIP

To be a member of the Wichita Area Chapter of the Association of Legal Administrators, applicants must be a member of the international Association of Legal Administrators and be sponsored by two Chapter members in good standing. After attending two meetings within a 12-month period, each application must be approved by a majority of the membership.

Name _____ Title _____

Employer _____ Number of attorneys _____

Business Address _____

Phone _____ Fax _____ E-mail _____

_____ Regular Membership _____ Associate Membership

How long employed as an administrator/manager? _____

Check the most appropriate description of present employer:

_____ Private _____ Corporate _____ Governmental _____ Other

Check your primary areas of job responsibilities and expertise: (may check more than one)

_____ Overall Mgmt _____ Financial _____ Human resources _____ Systems
_____ Facilities _____ Marketing _____ Practice management

I hereby attest that I am a member of or have applied for membership in the international Association of Legal Administrators and currently meet the criteria as an administrator/manager.

(Date)

(Signature)

Employer/Sponsor Attestation

I hereby attest that _____ is employed by me currently as an administrator/manager as defined by the Association of Legal Administrators.

(Date)

(Signature)

WALA Member Attestation

I hereby attest that _____ is to the best of my knowledge currently employed as an administrator/manager as defined by the Association of legal Administrators.

Date _____ 1. _____

Date _____ 2. _____

Chapter meetings attended: Date: _____ Date: _____

Approved by Board of Directors Date: _____ Date: _____

Approved by WALA Membership Date: _____ Date: _____