



NVLSA . . . *the association for legal professionals*

From the office of the Treasurer:

Cheryl Blythers
City of Alexandria
421 King Street, 4th Floor
Alexandria, VA 22314
cheryl_blythers@yahoo.com

APPLICATION FOR SECONDARY MEMBERSHIP

Name: _____

Address: _____

Telephone: (Office): _____ (Home): _____

e-mail address: _____

I hereby affirm that:

A. I am a member in good standing of NALS...*the association for legal professionals*.
My member number is _____.

B. I am a member in good standing of _____
(Chapter Association, if applicable)

-OR-

I am a member-at-large of the _____
(State Association, if applicable)

Kindly return the completed form and your check for \$10.00 annual dues payable to NVLSA to:

Cheryl Blythers
NVLSA Treasurer
City of Alexandria
421 King Street, 4th Floor
Alexandria, VA 22314