

MEMBERSHIP RENEWAL AND DIRECTORY INFORMATION
September 2017 to September 2018

NAME: _____ HOME PHONE: _____

HOME ADDRESS: _____

FIRM NAME & ADDRESS: _____

OFFICE PHONE: _____ FAX NO: _____

E-MAIL ADDRESS: _____ DOB: Month _____ Day _____

AREAS OF EXPERTISE: _____

CLA ___ CP ___ ACP ___ Area of ACP _____

NALA Member: ___ Y ___ N

Current WDALA Membership Status: ___ Active ___ Associate ___ Sustaining

I will volunteer for the following Committees:

Audit

Education

Ethics/Professional Development

Historian

Legal Assistant Day

Library

Nominations & Elections

State Bar/NDTLA Liaison

Student Liaison

Summons

Website

Please check one of the boxes below and return this form with your check for annual dues made payable to WESTERN DAKOTA ASSOCIATION OF LEGAL ASSISTANTS. Renewals are due and payable by *September 1, 2017*. Renewals not received by *October 1, 2017*, are subject to a \$10.00 reinstatement fee.

Active Member – \$50.00

Associate Member – \$45.00

Sustaining Member – \$45.00

Student Member – \$25.00

Emeritus Status – request form attached

Mail to: Melissa Hamilton, ACP
WDALA President
6900 Crested Butte Road
Bismarck, ND 58503

All listings in the WDALA Directory will be with your office address unless otherwise specified.

****Students – Please Note****

If you are a student changing your membership status to Active, please submit either of the following along with your dues: 1) a transcript from your school; or 2) your attorney's signature on the attestation portion of the Membership Application.

WDALA EMERITUS STATUS REQUEST

For at least ten (10) years and within the last twelve (12) years prior to this request for Emeritus status, I was an active member of the Western Dakota Association of Legal Assistants. I no longer work as a paralegal/legal assistant and request Emeritus status based on the following circumstance:

_____ I am 55 years of age or older and no longer employed as a paralegal/legal assistant.

_____ I am permanently disabled and no longer employed as a paralegal/legal assistant. I have attached medical proof of my disability for approval by the Board.

_____ I have submitted and been granted Emeritus status with the National Association of Legal Assistants (NALA), proof of which is attached.

I understand if I return to employment as a paralegal/legal assistant I will no longer retain Emeritus status and will be required to meet the same requirements as all other active members by satisfying the requirements and submitting the current active membership application.

I understand I am not eligible to vote or hold office. I understand I am not required to pay dues as an Emeritus member. I understand I may participate in committee work, continue to receive the association newsletter, and attend educational seminars at the same cost as active members.

Dated: _____

(Signature)

(Printed Name)