

Membership Categories and Optional Section and Chapter Memberships

Half-Price Membership Dues (check one)

- Membership runs on a calendar basis, January 1 through December 31.
 - After July 1: Dues are half-price (first-time members only). Membership is good through December 31.
- New NAELA Member **(first time only)** US ~~\$395~~ **\$197.50**
Subsequent annual dues are US \$495
- LSC program/Title III funded attorney US ~~\$295~~ **\$147.50**
- New Bar Admittees (years 1–3 only) US ~~\$295~~ **\$147.50**
Dues after third year are US \$495
- Law Professor/Judge US ~~\$415~~ **\$207.50**
- Law Students (Full Time) US ~~\$75~~ **\$37.50**
- Returning Private Attorney Member US \$495
Not eligible for special 50% discount

Dues Total \$ _____

I would like to join the following Sections:

- Section membership runs on a calendar basis, January 1 through December 31.
- Advocacy/Litigation US \$60
 Guardianship/Conservatorship US \$60
 Medicare, Medicaid and Health Care Advocacy US \$60
 Practice Development/Practice Management US \$60
 Special Needs Law US \$60
 Tax US \$60
 Trusts and Special Needs Trusts US \$60
 New/Transitioning Attorneys No Charge

Sections Dues Total \$ _____

I would like to join the following NAELA Chapters:

- Chapter membership runs on a calendar basis, January 1 through December 31.
- Arizona US \$ 50
 Northern California US \$ 75
 Southern California US \$ 75
 Colorado US \$ 20
 Connecticut US \$ 75
 Florida US \$125
 Georgia US \$ 50
 Illinois US \$225
 Indiana US \$100
 Kansas US \$ 30
 Maryland/DC US \$100
 Massachusetts US \$265
 Michigan US \$ 45
 Missouri US \$ 50
 New Hampshire US \$ 90
 New Jersey US \$200
 New York US \$100
 North Carolina US \$ 25
 Ohio US \$ 75
 Pennsylvania US \$250
 Rhode Island US \$100
 South Carolina US \$ 60
 Tennessee US \$ 50
 Texas US \$100
 Vermont US \$ 50
 Virginia US \$100
 Washington US \$ 75
 Wisconsin US \$100

Chapter Dues Total \$ _____

Payment Information

TOTAL DUES TO BE CHARGED

Membership, Sections, and Chapter Dues \$ _____

Check Enclosed Check Number _____

MasterCard VISA AMEX Account # _____ Exp. Date _____

Name on Card _____ Signature: _____

How did you hear about NAELA?: _____

FOR OFFICE USE ONLY
 Amount \$ _____
 Number _____
 Date _____