



**IDALS...the association for legal professionals**  
**Application for Secondary Membership**

Name \_\_\_\_\_

NALS Primary Membership (State) \_\_\_\_\_ NALS Member No. \_\_\_\_\_

Please designate preferred address:  Home  Office

**Home Information:**

Address \_\_\_\_\_

City/State \_\_\_\_\_

Telephone \_\_\_\_\_ Email \_\_\_\_\_

**Office Information:**

Employer \_\_\_\_\_

Address \_\_\_\_\_

City/State \_\_\_\_\_

Telephone \_\_\_\_\_ Email \_\_\_\_\_

**Other Information:**

Birthday (Month/Day) \_\_\_\_\_ Age Group:  Under 25  25-35  36-45

Years in Legal Profession \_\_\_\_\_  46-55  56-64  Over 65

**Type of Law Office**

Law Office  Corporate Legal Department  Self-Employed  Court System

Government System  Other (Please Specify) \_\_\_\_\_

Primary area of law in which you work: \_\_\_\_\_

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Referred by: \_\_\_\_\_

Dues for secondary membership in IDALS are \$12.00. Secondary membership is valid for one year from the date on this form (renewable annually).

Please return this form and a check **made payable to IDALS**, to:

Kristin Campbell

IDALS Treasurer

Cantrill, Skinner, Sullivan & King LLP

PO Box 359

1423 Tyrell Lane

Boise, Idaho 83701-0359