



Name & Title:	
Employer:	
Managing Partner:	
Work Address:	
Work Website:	
Work Phone:	
Work Email:	
Home Address:	
Cell Phone:	
Home Email:	
ALA Member ID#:	

Membership Levels

Selection	Type	Dues	Description (Note: All dues will be prorated quarterly)
<input type="checkbox"/>	Regular	\$150	Regular Members, includes lunches at all meetings.
<input type="checkbox"/>	Nonprofit	\$75	Members who work for a government or non-profit organization.
<input type="checkbox"/>	Associate	\$150	Don't qualify for Regular membership, includes lunches at all meetings, but cannot hold a position on the Board.
<input type="checkbox"/>	Student	\$50	Don't qualify for Regular or Associate membership, must be currently enrolled or within 6 months of graduation from an eligible educational institute.

Involvement in the Jacksonville Chapter of the Association of Legal Administrators ("Jax ALA"):

I would like to (check all that apply):

- Serve on the Board or a Committee
- Help with special projects
- Participate in CLM classes
- Become a mentor to a new member for 6 months
- Have a mentor assigned to me for 6 months
- Write an article for the Jax ALA Newsletter

Statements and Understanding

I understand that a prerequisite for Jax ALA Membership is membership in the international Association of Legal Administrators ("ALA"). I also understand that Jax ALA membership is personal and cannot be transferred to another individual. Additionally, Jax ALA members receive notices of Chapter activities by email. By providing your email address and signing below, you acknowledge your acceptance to receive email communications from the Jax ALA.

I certify that I am familiar with the membership requirements as set forth in ALA's Bylaws (review the Bylaws online at www.alanet.org) and that I qualify for membership in, am a member of, or am in the process of becoming an ALA Member. I also renew my commitment to abide by the ALA Code of Professional Ethics (review the Code online at www.alanet.org).

Photographic Release

I hereby grant the ALA and Jax ALA the right to use, edit, publish and/or display my photograph/image for promotional and/or marketing purposes, which may include, but not be limited to, use in brochures, ALA and Jax ALA website, and other publications or social media. I agree to hold the ALA and Jax ALA and its shareholders, employees, agents and assigns harmless against any possible liability resulting from the use of said photographs/image and I hereby release and discharge the ALA and Jax ALA and its officers, employees, agents and assigns from any claims whatsoever in connection with the use of such photographs/image.

Signature: _____ **Date:** _____

(If this form is sent electronically, your name printed on this line will be deemed to be, and will be accepted as your signature.)

Checks are payable to Jax ALA, Tax ID 59-2395852

Please submit application and payment to:
 Louise Robbins, Spohrer & Dodd, P.L.
 701 W. Adams Street, Jacksonville, FL 32204
LRobbins@sdlitigation.com (904) 208-4357