



**MEMBERSHIP APPLICATION FOR
NON-ATTORNEYS**

Name: _____ **Date of Application** _____

Name of Business or Employer: _____

Position: _____ **Years in Position:** _____

Specify whether you are an Owner, Principal or Partner of the Entity: _____

Type of Entity (Partnership, Corporation, LLP, LLC or DBA): _____

Address: _____

Telephone No.: _____

Fax No.: _____

Work Email Address: _____

Web Site: _____

College & Degree: _____

Year of Graduation: _____

Graduate School Degree(s): _____

Year of Graduation: _____

Other Organizations: _____

Community Affiliations: _____

Board Memberships: _____

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Foreign Languages:

How did you learn of ALTA

Areas of Interest:

Please note that this application will be reviewed by and is subject to the approval of the Executive Committee. You will be notified via email if you have been accepted. The dues for this category of membership are \$250.00 and will be due within 5 business days of notification of your acceptance.

The dues can be paid online at www.affiliatedlawyers.org or by check payable to Affiliated Lawyers of the Americas, Inc. to be mailed to Affiliated Lawyers of the Americas, Inc. Attn.: Walter Rivera, Esq., 61 Broadway, Suite 1030, New York, NY 10006.