

MEMBERSHIP APPLICATION 2024-2025

DATE:	
NAME:	
TITLE:	
FIRM:	
FIRM ADDRESS:	
TELEPHONE: FAX:	
E-MAIL:	
FIRM WEB SITE:	
MEMBERSHIP IN THE KNOXVILLE CHAPTER OF ALA REQUI CRITERIA FOR MEMBERSHIP IN THE INTERNATIONAL ASSO ADMINISTRATORS AND THAT YOU BECOME A MEMBER OF ASSOCIATION. HAVE YOU MET ALL THE QUALIFICATIONS CHAPTER? YES NO	OCIATION OF LEGAL THE INTERNATIONAL
ALA NATIONAL MEMBER ID#	
ALA MEMBERSHIP: https://www.alanet.org/about-membership/me	ember-center/become-an-ala-member
1 LOCAL MEMBERSHIP FOR CHAPTER YEAR 2024-2025 (4/1/2 2 Members - \$ 200 3 Members - \$ 250 Each additional Member after 3 - \$ 25 each Remote Only Member \$50	24 - 3/31/25): \$125.00
Additional Member Names:	
TOTAL DUES AMOUNT: \$	

Knoxville Association of Legal Administrators P.O. Box 1332, Knoxville, TN 37901

CHECKS: PLEASE MAKE CHECK PAYABLE TO KNOXVILLE ASSOCIATION OF LEGAL

ADMINISTRATORS AND RETURN APPLICATION AND PAYMENT TO:

CREDIT CARD: FOR YOUR CONVENIENCE, YOU MAY ALSO PAY WITH A CREDIT CARD AT: https://secure.lawpay.com/pages/knoxala/payments
IF PAYING VIA CREDIT CARD, SEND IN THE FORM VIA MAIL TO THE ADDRESS ABOVE,

OR EMAIL TO TREASURER DEANNA BUCK (DBUCK@KRAMER-RAYSON.COM)