MEMBERSHIP APPLICATION
2025-2026

DATE:_____

NAME:_____

TITLE:_____

FIRM:_____

FIRM ADDRESS:_____

_____

_____

TELEPHONE:_____ **FAX:** _____

E-MAIL:_____

FIRM WEB SITE:_____

MEMBERSHIP IN THE KNOXVILLE CHAPTER OF ALA REQUIRES THAT YOU MEET THE CRITERIA FOR MEMBERSHIP IN THE INTERNATIONAL ASSOCIATION OF LEGAL ADMINISTRATORS AND THAT YOU BECOME A MEMBER OF THE INTERNATIONAL ASSOCIATION. HAVE YOU MET ALL THE QUALIFICATIONS FOR MEMBERSHIP IN THE LOCAL CHAPTER? _____Y ES ____ N O

ALA NATIONAL MEMBER ID# _____

ALA MEMBERSHIP:https://www.alanet.org/about-membership/member-center/become-an-ala-member

1 LOCAL MEMBERSHIP FOR CHAPTER YEAR 2025-2026 (4/1/25 - 3/31/26): $125.00
2 Members - $ 200
3 Members - $ 250
Each additional Member after 3 - $ 25 each
Remote Only Member $50

Additional Member Names: _____
_____

TOTAL DUES AMOUNT: $_____

CHECKS: PLEASE MAKE CHECK PAYABLE TO KNOXVILLE ASSOCIATION OF LEGAL ADMINISTRATORS AND RETURN APPLICATION AND PAYMENT TO:

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

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)