

ASSOCIATION OF LEGAL ADMINISTRATORS
CHARLOTTE CHAPTER

Application for Membership

Name: Mr./Ms./Mrs. _____

Employer: _____ Managing Partner: _____

Job Title: _____

Mailing Address: _____

E-mail Address: _____ Web Site: _____

Telephone: () _____ Facsimile: () _____

Preferred name on name tag: _____

Total years in legal administration: _____

Number of full-time attorneys in your organization: _____

Number of attorneys at your location: _____

Number of other full-time timekeepers (e.g., paralegals) at your location: _____

Number of full-time staff members (e.g., non-timekeepers) at your location: _____

Participation by all members on one or more committees is encouraged and expected. Please indicate your interests below by selecting three (3) committees on which you would be interested in serving. Every effort will be made to accommodate your first preference whenever possible. Thank you for your anticipated participation.

COMMITTEE DESCRIPTIONS

MEMBERSHIP COMMITTEE: Responsible for disseminating new member information to potential members and presenting all eligible applicants for approval. This committee insures an effective assimilation of new members into the membership as a whole and encourages members to become active in the development of the Chapter. The committee maintains a current list of all members and keeps a record of each member's payment of dues and membership status. The committee updates the Membership Directory and lunch ladder assignments as needed.

EDUCATIONAL PROGRAMS COMMITTEE: Responsible for planning all education workshops and seminars for the Chapter. Responsible for coordinating the monthly program for each meeting and for all other special programs throughout the year.

COMMUNICATIONS COMMITTEE: Responsible for developing formats for sharing information with the membership, publicizing chapter information, and enhancing the visibility of the chapter at the local, regional, and national levels.

COMMUNITY OUTREACH COMMITTEE: Responsible for researching, organizing, and implementing chapter volunteer opportunities within the community.

SALARY/BENEFITS COMMITTEE: Responsible for overseeing the annual Charlotte area compensation and employee benefits survey.

PREFERENCES: 1st _____
2nd _____
3rd _____

Member/Applicant's
Signature: _____ Date: _____

Dues are based on the number of attorneys **at your** location. Annual chapter dues cover the period January 1st through December 31st. Your initial dues payment will be prorated based upon the number of months remaining in the current fiscal year.

1 - 10 Attorneys	\$ 50.00
11- 25 Attorneys	\$ 75.00
26 + Attorneys	\$ 100.00

Each additional member in the same organization is \$50.00

You will be billed for your Chapter dues.

RETURN COMPLETED APPLICATION TO:

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214 North Tryon Street
Suite 2500
Charlotte, NC 28202
704-338-5060
jwright@kilpatrickstockton.com

