

MEMBERSHIP RENEWAL AND DIRECTORY INFORMATION

September 2024 to September 2025

NAME: _____ HOME PHONE: _____

HOME ADDRESS: _____

FIRM NAME _____

FIRM ADDRESS: _____

OFFICE PHONE: _____ FAX NO: _____

E-MAIL ADDRESS: _____ DOB: Month _____ Day _____

AREAS OF EXPERTISE: _____

CLA ___ CP ___ ACP ___ Area of ACP _____

NALA Member: ___Y ___N

Current WDALA Membership Status: ___ Active ___ Associate ___ Sustaining ___ Student
___ Emeritus Status – Request Form attached

I will volunteer for the following Committees:

- Audit
- Education
- Ethics/Professional Development
- Historian
- Legal Assistant Day
- Library
- Nominations & Elections
- State Bar/NDTLA Liaison
- Student Liaison
- Public Relations

Please return this form with your check for annual dues made payable to WESTERN DAKOTA ASSOCIATION OF LEGAL ASSISTANTS. Renewals are due and payable by *September 1, 2024*. (Any dues not received by October 1st will require a \$10.00 reinstatement fee).

Active Member	--	\$50.00 (includes WDALA Directory)
Associate Member	--	\$45.00
Sustaining Member	--	\$45.00
Student Member	--	\$25.00

Send to: WDALA
PO Box 371
Bismarck, ND 58502-0371

All listings in the WDALA Directory will be with your office address unless otherwise specified.

****Students – Please Note****

If you are a student changing your membership status to Active, please submit either of the following along with your dues: 1) a transcript from your school; or 2) your attorney's signature on the attestation portion of the Membership Application.

WDALA EMERITUS STATUS REQUEST

For at least ten (10) years and within the last twelve (12) years prior to this request for “Emeritus” status, I was an active member of the Western Dakota Association of Legal Assistants. I no longer work as a paralegal/legal assistant and request “Emeritus” status based on the following circumstance:

_____ I am 55 years of age or older and am no longer employed as a paralegal/legal assistant.

_____ I am permanently disabled and no longer am employed as a paralegal/legal assistant.
I have attached medical proof of my disability for approval by the Board.

_____ I have submitted and been granted Emeritus status with the National Association of Legal Assistants (NALA). Proof is attached.

I understand if I return to employment as a paralegal/legal assistant I will no longer retain Emeritus status and will be required to meet the same requirements as all other active members by satisfying the requirements and submitting the current active membership application.

I understand I am not eligible to vote or hold office. I understand I am not required to pay dues as an Emeritus member. I understand I may participate in committee work, continue to receive the association newsletter and attend educational seminars at the same cost as an active member.

Dated: _____

(Signature)

(Printed Name)