



The **mission** of the National Academy of Elder Law Attorneys is to establish NAELA members as the premier providers of legal advocacy, guidance and services to enhance the lives of people with special needs and people as they age.

Criteria for Membership

1. Membership is open to attorneys and all those who possess a juris doctorate or equivalent degree and are licensed or authorized to practice law under the jurisdiction of any country.
2. The attorney renders legal services for the benefit of the elderly and people with disabilities or is in an endeavor which encompasses the legal needs of the elderly and people with disabilities.
3. The attorney has an understanding of the aging process and sensitivity to the needs of the elderly and people with disabilities.
4. The attorney is committed to the highest standards of ethics in representing the needs or promoting the welfare of the elderly and people with disabilities.
5. The attorney, as a condition of membership, pledges to support the Academy's Aspirational Standards for the Practice of Elder Law. The Aspirational Standards can be viewed at www.NAELA.org.
6. The attorney has knowledge of the aging network and those services available through other agencies which benefit the elderly and people with disabilities, or wishes to gain such knowledge.
7. The attorney has a commitment to positive involvement in the work of the Academy and its purposes.

2013 National Academy of Elder Law Attorneys Application for Membership (continues on reverse)

Applicant Information

I meet the criteria for membership.

Have you been a NAELA member in the past? yes no

 First Name M.I. Last Name Suffix (e.g. Jr.) Title (e.g. Attorney at Law, Partner, Assistant U.S. Attorney)

 Firm/Company/Agency

 Address Suite/Floor

 City State Zip Country

 Phone Fax E-mail

 Website

Bar Admission and Law School Information (required)

Bar Admission

 License Number

_____/_____/_____
 Year Admitted to the Bar

Law School

 Law School

_____/_____/_____
 State Graduation or Expected

continues on reverse

Apply Today

Online at www.NAELA.org • **E-mail** application to naela@naela.org • Fax application to 703-563-9504
Mail application to NAELA, 1577 Spring Hill Road, Suite 220, Vienna, VA 22182

Membership Categories and Optional Section and Chapter Memberships

Membership Dues (check one)

- Membership runs on a calendar basis, January 1 through December 31.
- New NAELA Member (**first time only**)US \$325
Subsequent annual dues are US \$425
- LSC program/Title III funded attorneyUS \$225
- New Bar Admittees (years 1–3 only)US \$225
Dues after third year are US \$425
- Law Professor/JudgeUS \$345
- Law Students (Full Time)US \$ 35
- Returning Private Attorney MemberUS \$425

Dues Total \$ _____

I would like to join the following Sections:

- Section membership runs on a calendar basis, January 1 through December 31.
- Advocacy/LitigationUS \$60
- Government Assistance ProgramsUS \$60
- Guardianship/ConservatorshipUS \$60
- Health CareUS \$60
- Practice Development/ManagementUS \$60
- Special Needs LawUS \$60
- TaxUS \$60
- TrustsUS \$60
- Young/New AttorneysNo Charge

Sections Dues Total \$ _____

I would like to join the following NAELA Chapters:

- Chapter membership runs on a calendar basis, January 1 through December 31.
- ArizonaUS \$ 50
- Northern CaliforniaUS \$ 50
- Southern CaliforniaUS \$ 75
- ColoradoUS \$ 20
- ConnecticutUS \$ 75
- FloridaUS \$125
- GeorgiaUS \$ 50
- IllinoisUS \$150
- IndianaUS \$100
- KansasUS \$ 30
- Maryland/DCUS \$100
- MassachusettsUS \$265
- MichiganUS \$ 45
- MissouriUS \$ 50
- New HampshireUS \$ 90
- New JerseyUS \$150
- New MexicoUS \$ 25
- New YorkUS \$100
- North CarolinaUS \$ 25
- OhioUS \$ 75
- PennsylvaniaUS \$250
- South CarolinaUS \$ 60
- TexasUS \$100
- VermontUS \$ 50
- VirginiaUS \$100
- WashingtonUS \$ 50
- WisconsinUS \$100

Chapter Dues Total \$ _____

Payment Information

TOTAL DUES TO BE CHARGED

Membership, Sections, and Chapter Dues \$ _____

Check Enclosed Check Number _____

MasterCard VISA AMEX Account # _____ Exp. Date _____

Name on Card _____ Signature: _____

How did you hear about NAELA?: _____

FOR OFFICE USE ONLY — WEB

Amount \$ _____

Number _____

Date _____