



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.

2018 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.)
Firm/Company/Agency			
Address			Suite/Floor
City	State	Zip	Country
Phone	Fax	E-mail	
Language(s) spoken			Website

Bar Admission and Law School Information (required)

Bar Admission	License Number	State		Law School	Law School
	/ /				/ /
	Year Admitted to the Bar			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 310, Vienna, VA 22182

2018 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 \$425
Subsequent annual dues are US \$525
- LSC program/Title III funded attorney US \$325
- New Bar Admittees (years 1–3 only) US \$325
Dues after third year are US \$525
- Law Professor/Judge US \$445
- Law Students (Full Time) US \$85
- Returning Private Attorney Member US \$525

Dues Total \$ _____

I would like to join the following Sections:

- Section membership runs on a calendar basis, January 1 through December 31.

- Advocacy/Litigation US \$60
- Guardianship/Conservatorship US \$60
- Medicare, Medicaid and Health Care Advocacy US \$60
- Practice Development/Practice Management US \$60
- Special Needs Law US \$60
- Tax US \$60
- Trusts and Special Needs Trusts US \$60
- New/Transitioning Attorneys No 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.
- Arizona US \$ 50
- Northern California US \$ 75
- Southern California US \$ 75
- Colorado US \$ 20
- Connecticut US \$ 75
- Florida US \$125
- Georgia US \$ 50
- Illinois US \$225
- Indiana US \$125
- Kansas US \$ 50
- Maryland/DC US \$100
- Massachusetts US \$265
- Michigan US \$ 45
- Missouri US \$ 50
- New Hampshire US \$ 90
- New Jersey US \$200
- New York US \$100
- North Carolina US \$ 25
- Ohio US \$150
- Oklahoma US \$100
- Pennsylvania US \$250
- Rhode Island US \$100
- South Carolina US \$ 60
- Tennessee US \$ 50
- Texas US \$100
- Vermont US \$ 50
- Virginia US \$100
- Washington US \$ 75
- Wisconsin US \$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

Amount \$ _____

Number _____

Date _____

Dues are nonrefundable. Membership is nontransferable.

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