

Application for Membership
CENTRAL NEBRASKA LEGAL PROFESSIONALS
NEBRASKA LEGAL PROFESSIONALS ASSOCIATION

www.nebraskalegalprofessionals.org

Karen Niedfelt, CNLP Treasurer

677 5th Rd.

Grand Island, NE 68801

For Fiscal Year 04-01-16 to 03-31-17

Date: _____	Business Type:
Name: _____	<input type="checkbox"/> Law Office <input type="checkbox"/> Corporate Law Dept
Home Address: _____ _____	<input type="checkbox"/> Court System <input type="checkbox"/> Gov't Service
Business Address: _____ _____	<input type="checkbox"/> Self-Employed <input type="checkbox"/> Other
Employer: _____ _____	<input type="checkbox"/> Honorary Member <input type="checkbox"/> Student
Position/Title: _____	<input type="checkbox"/> New members \$50 Annual Dues
	<input type="checkbox"/> Renewal members \$45 Annual Dues
	<input type="checkbox"/> Student \$15 Annual Dues
Preferred Mailing Address: <input type="checkbox"/> Home <input type="checkbox"/> Business	Payment Method:
	<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check
	<input type="checkbox"/> Firm Check
Telephone: Home: _____	Make check payable to <i>Central Nebraska Legal Professionals</i> , and return this form an payment to: Karen Niedfelt, CNLP Treasurer 677 5 th Rd. Grand Island, NE 68801
Business: _____	
Fax: _____	
Email: _____	
Age: <input type="checkbox"/> Under 25 <input type="checkbox"/> 25-35 <input type="checkbox"/> 36-45 <input type="checkbox"/> 46-55 <input type="checkbox"/> Over 55	
Date of Birth: _____	Anniversary: _____
(mm/dd)	(mm/dd)
Applicant's Signature _____	Sponsor's Name (if any) _____

MEMBERSHIP IS NOT TRANSFERRABLE