



MEMBERSHIP FORM

Name: _____

Title: _____

Firm: _____

Address: _____

Telephone: _____

Email: _____

Year first affiliated with National ALA: _____

Year first affiliated with First State Chapter: _____

Managing Partner: _____

Size of Delaware Firm (# of Attorneys): _____

I am interested in participating on the following committees:

_____	Recognition/Scholarship	_____	Vendors
_____	Monthly Meetings & Programs	_____	Communications
_____	Social Activities/Community Outreach		

My areas of expertise are:

_____	Career Management	_____	General Management
_____	Facilities Management	_____	Financial Management
_____	Human Resources	_____	Marketing Management
_____	Systems Management	_____	Other

