#### NALA AFFILIATED ASSOCIATIONS ANNUAL REPORT FORM Due: January 15

### **Association Information**

Association Name:	Date of Report:
Number of Association Members:	Website Address:
Member Newsletter: YES NO	
Association President	Association NALA Liaison
Name:	Name:
Address:	Address:
Phone:	Phone:
Email:	Email:
Fiscal year begins:	Fiscal year ends:
Annual Meeting Date:	Date of Elections:

- Attach a complete membership roster: names/addresses/emails/phone.
  \*Please send roster of membership as a <u>separate</u> excel or csv document (do not send a scanned roster).
- Attach a copy of your association's current bylaws

#### **Education**

List each educational function held during Jan 1 - Dec 31

# Please attach copies of programs/brochures

Date	Date
Title	Title
Speaker	Speaker
CLE credits	CLE credits
Date	Date
Title	Title
Speaker	Speaker
CLE credits	CLE credits
Date	Date
Title	Title
Speaker	Speaker
CLE credits	CLE credits
Date	Date
Title	Title
Speaker	Speaker
CLE credits	CLE credits
Date	Date
Title	Title
Speaker	Speaker
CLE credits	CLE credits
Date	Date
Title	Title
Speaker	Speaker
CLE credits	CLE credits

## **Activities**

Service:
Pro bono:
Other:
Name of person submitting this form:

Date and descriptions of charitable activity (include name of organization)

Position Held:

Email form to NALA Affiliated Associations Coordinator, Deanna Young <a href="mailto:dyoung@nala.org">dyoung@nala.org</a>

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