



**NLA-International  
Individual Membership  
Application**

Office use only
Date received/expire _____
Ck/MO # _____

**PLEASE CHECK THE APPROPRIATE BOXES AND PRINT CLEARLY**

New Member      Renewing Membership / Membership # \_\_\_\_\_       Change of Address

**Personal Information:**

Name you would like on membership card: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Initial: \_\_\_\_\_

Mail Name: \_\_\_\_\_

Mail Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ - \_\_\_\_\_ Country: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Other Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

E-mail: \_\_\_\_\_ US Mail from NLA-I:    Yes      No

**Chapter Information:**

NLA-I has chapters in the following areas. The Membership Committee notifies the chapters of new members in their region on a quarterly basis. If you are interested in joining a local chapter in your region, circle the chapter you would like to be contacted by about local membership, or, if you prefer not to be included in the report at all, check "None".

<input type="checkbox"/>	<input type="checkbox"/> Columbus (OH)	<input type="checkbox"/> Dallas (TX)	<input type="checkbox"/> Edmonton (CN)	<input type="checkbox"/> Indianapolis (IN)
<input type="checkbox"/> Nashville (TN)	<input type="checkbox"/> New England (Boston MA)	<input type="checkbox"/> Oklahoma City (OK)	<input type="checkbox"/>	
<input type="checkbox"/> None / Independent	<input type="checkbox"/> Philadelphia (PA)	<input type="checkbox"/> San Diego (CA)		

**Demographic Information (optional):**

Age:     18-29     30-39     40-49     50-59     60-69     70+  
 Gender:     Female     Male     Transgendered     Other  
 Orientation:     Gay/Lesbian     Heterosexual     Bisexual     Pansexual

**NLA-I Projects:**

If you would like to donate to any of the following NLA-I projects, please select the appropriate project(s) include the amount of the donation, and add the amount to your membership check or cash amount. Your donation will only be used for the projects(s) you select.

Domestic Violence Project: \$ \_\_\_\_\_      General Operating Fund: \$ \_\_\_\_\_      (Note: Typed Amts entered here total below)

I have read the NLA-I Statement of Purpose. I agree with the goals of NLA International And wish to become a member, supporting NLA-I in its efforts of activism, concern, education, and public service. I understand that information on this form will be handled according to confidentiality rules set forth in the by-laws. I attest with my signature that I am at least 18 years of age.	
Legal Signature _____	Date: _____

**Dues:**

I am enclosing	\$ _____	NLA-I Dues (\$ 20.00 - US ) (\$10.00 US Funds - Canada)
	\$ _____	NLA-I Project(s) Total
	\$ _____	Total Dues & Projects

Mail to:  
 NLA-I Membership  
 1165 Dawn Dr  
 Reynoldsburg OH 43068