



PARALEGAL MEMBERSHIP APPLICATION

Applicant

Mr/Ms/Mrs _____ First Name _____ M.I. _____ Last Name _____

Work Information

Home Information

Address _____ _____			Address _____ _____		
City _____	State _____	Zip/Postal Code _____	City _____	State _____	Zip/Postal Code _____
Phone _____	Fax _____		Phone _____	Fax _____	
Cell Phone _____	E-mail Address _____		E-mail Address _____		

I prefer to be contacted at: Work
(Please choose one.) Home

Background Information

School Attended _____ Year of Graduation _____

Areas of Specialization _____

Any additional information or experience:

I acknowledge that I have a genuine interest in protecting the lives and advancing the interests of animals through the legal system.

Signature _____ Date _____

Return this application with your **\$15** membership dues. To join using your credit card, contact us at (707) 795-2533.
Please Return Application to: Animal Legal Defense Fund, 170 E. Cotati Avenue, Cotati, CA 94931