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## NAALJ Membership Application and Questionnaire

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**Membership Application and Questionnaire**

**NATIONAL ASSOCIATION OF  
ADMINISTRATIVE LAW JUDICIARY**

**Mail to: NAALJ, 1001 Office Park Road, Suite 105, West Des Moines, IA 50265**

**Email: NAALJ@NAALJ.org; Website address: www.naalj.org**

**Telephone/Fax: 515-440-6057**

*Please answer all questions fully. Type or print.*

**1) Name/Address:**

\_\_\_\_\_  
**First** **M.I.** **Last**

\_\_\_\_\_  
**Address**

\_\_\_\_\_  
**City** **State** **Zip**

**2) Home Telephone** ( ) \_\_\_\_\_

**3) Business Telephone** ( ) \_\_\_\_\_

**4) Fax number** ( ) \_\_\_\_\_

**5) E-mail address** \_\_\_\_\_

**6) Title (ALJ, Hearing Officer, Agency Director, private practice, Professor, etc.):**

\_\_\_\_\_

**7) Name of Agency:** \_\_\_\_\_

**8) Business Address:**

\_\_\_\_\_  
**Street**

\_\_\_\_\_  
**City** **State** **Zip**

**9) Please send mail to:** \_\_\_\_\_ **Home Address** \_\_\_\_\_ **Business Address**

**Check enclosed for:**

\_\_\_\_\_ **\$50 Active Member**

\_\_\_\_\_ **\$100 Sustaining Member**