



National Association
of Bond Lawyers

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FAX (202) 637-0217 Suite 800 South
www.nabl.org Washington, DC 20005-3875

PARALEGAL MEMBER APPLICATION: January 1, 2012 — December 31, 2012

Last Name First Name Initial

Law Firm Name or other Affiliate

Mailing Address

City State Zip

General Number

Direct Dial

Fax Number

Cell Phone Number (optional)

Email Address

A. Membership Status

1. I am employed as a paralegal by the firm listed (check/complete one or more)
- the State(s) of _____
 - the District of Columbia
 - the U.S. Territory or Possession of _____
- and I am sponsored for membership by _____ (“Sponsor”), who is a current member of the National Association of Bond Lawyers and whose signature appears below.
2. (a) I prefer to be (check one):
- A working member, participating in the educational and other activities of the Committee on Legal Assistants; or
 - An information member.

(b). What goals, tasks or services would you like the Committee to pursue this year on your behalf?

3. I began working as or a paralegal beginning in _____
Month/Year

B. Employment/Practice Setting

Please check box(es) that describe your employment/practice setting:

- | | |
|---|---|
| <input type="checkbox"/> Private Law Firm | <input type="checkbox"/> Federal Government |
| <input type="checkbox"/> Firm Size | <input type="checkbox"/> Financial Advisor |
| <input type="checkbox"/> 1 | <input type="checkbox"/> Insurer |
| <input type="checkbox"/> 2-5 | <input type="checkbox"/> Investment Bank |
| <input type="checkbox"/> 6-9 | <input type="checkbox"/> Investment Company |
| <input type="checkbox"/> 10-19 | <input type="checkbox"/> Local Government |
| <input type="checkbox"/> 20-49 | <input type="checkbox"/> Press |
| <input type="checkbox"/> 50-99 | <input type="checkbox"/> Rating Agency |
| <input type="checkbox"/> 100+ | <input type="checkbox"/> State Government |
| <input type="checkbox"/> Accounting Firm | <input type="checkbox"/> Trustee |
| <input type="checkbox"/> Private Law Firm | <input type="checkbox"/> Other (describe):
_____ |

C. Communication

1. Preferred form of communication from NABL:
- Mail
 - Fax
 - Email
 - Telephone
2. Check as applicable:
- I would prefer to use the online directory, do not mail
 - I do not wish to be listed in NABL’s Directory.
 - I do not wish to list my email address in NABL’s Directory.
 - I do not wish to receive faxes from NABL.
 - I do not wish to receive mail from NABL.
 - I do not wish to receive email from NABL.
 - I do not wish to receive NABLNET alerts

D. Practice Expertise

NABL is interested in identifying individuals with expertise in certain areas for purposes of NABL’s educational and other activities. Please check as many items as are applicable with respect to your areas of expertise:

- arbitrage (010)
- assessment districts (020)
- bankruptcy (030)
- blue sky (040)
- change in use/other post-issuance events (050)
- commercial law/banking/credit enhancement (060)
- defaults and workouts (070)
- disclosure (080)
- education (090)
- enterprise zone bonds (100)
- exempt facilities (110)
- federal tax — 103 (120)
- financial products/derivatives (130)
- general tax outside of 103 (140)
- governmental obligations (150)
- healthcare (160)
- investment companies (180)
- leasing (190)
- multi-family housing (200)
- pooled financings (220)
- private activity bond tests (230)
- professional responsibility issues (240)
- public power (250)
- qualified 501(c)(3) issues - tax issues (260)
- qualified small issues (270)
- rebate compliance (280)
- reissuance/refundings (290)
- securities law (300)
- single family housing (310)
- solid waste (320)
- state law or public law (330)
- student loans (340)
- tax credits (350)
- tax enforcement (360)
- tax increment financings (370)
- transportation (380)
- tribal bonds (170)
- trustees counsel (390)
- working capital (400)
- other (210) _____

E. Dues

Enclosed are dues of \$80.

**** To be included in the 2012 membership directory, payment must be received by January 20, 2012. ****

Signed: _____
Applicant - Signature Required

Date: _____

Signed: _____
Sponsor - Signature Required

Date: _____

Check enclosed

Charge my:

- AMEX VISA MC DISCOVER

Account Number

Expiration Date ____/____

Authorized Signature

\$_____ is enclosed as my contribution to The Robert H. Hilderbrand, Jr. Fund.

(The Hilderbrand Fund is the Association’s 501(c)(3) organization that supports and benefits the educational activities of NABL).

Dues are not deductible as charitable contributions but may be as a business expense. Contributions to the Hilderbrand Fund are considered charitable contributions.