



National Academy of Family Law Attorneys, Inc.

1629 K Street NW, Suite 300
Washington, DC 20006
info@nafla.net

tel: (202) 827-9985
fax: (208) 275-4248
www.nafla.net

Attorney Nomination Form

A. Nominating Attorney Information

Name:

Address:

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

B. Nominee Attorney Information

Name:

Address:

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Practice Area(s): _____

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