

APPLICATION FOR MEMBERSHIP IN
SACRAMENTO LEGAL SECRETARIES ASSOCIATION

COMPLETE AND DELIVER THE ORIGINAL APPLICATION, WITH CHECK PAYABLE TO SLSA, FOR \$40 (\$25 FOR STUDENTS) WHICH INCLUDES LOCAL DUES, ANY INITIATION FEE, AND LEGAL SECRETARIES, INCORPORATED (LSI)* PER CAPITA TAX, TO:

**Anne French
Downey Brand
621 Capitol Mall, 18th Floor
Sacramento, CA 95814**

NAME OF APPLICANT _____

EMPLOYER _____ POSITION _____

MAILING ADDRESS _____ CITY/ZIP _____

BUSINESS TELEPHONE (_____) _____ RESIDENCE TELEPHONE (_____) _____

BUSINESS E-MAIL _____ RESIDENCE E-MAIL _____

EMPLOYMENT IN THE LEGAL FIELD (INCLUDE POSITIONS, DATES) _____

PREVIOUS MEMBERSHIP IN A LEGAL SECRETARIES ASSOCIATION (INCLUDE ASSOCIATIONS, DATES) _____

IF ACCEPTED AS A MEMBER, I AGREE TO BE BOUND BY THE BYLAWS AND STANDING RULES OF LEGAL SECRETARIES, INCORPORATED, AND THE LOCAL ASSOCIATION TO WHICH I HEREBY APPLY FOR MEMBERSHIP, INCLUDING THE FOLLOWING CODE OF ETHICS:

IT SHALL BE THE DUTY OF EACH MEMBER OF LEGAL SECRETARIES, INCORPORATED TO OBSERVE ALL LAWS, RULES AND REGULATIONS NOW OR HEREAFTER IN EFFECT RELATING TO CONFIDENTIALITY AND PRIVILEGED COMMUNICATION, ACTING WITH LOYALTY, INTEGRITY, COMPETENCE AND DIPLOMACY, IN ACCORDANCE WITH THE HIGHEST STANDARDS OF PROFESSIONAL CONDUCT. (Dedicated to the memory of Joan M. Moore, PLS, CCLS, LSI President 1980-82.)

SIGNATURE OF APPLICANT _____ DATE _____

SPONSOR _____ APPLICATION APPROVED _____

~ ~ **LSI LEGAL SPECIALIZATION SECTIONS MEMBERSHIP** ~ ~

LSI MEMBERS MAY ALSO JOIN ONE OR MORE OF THE FOLLOWING LSI LEGAL SPECIALIZATION SECTIONS:

~ CIVIL LITIGATION

~ CRIMINAL LAW

~ FAMILY LAW

~ LAW OFFICE ADMINISTRATION

~ PROBATE/ESTATE PLANNING

~ TRANSACTIONAL LAW

SPECIALIZATION SECTION MEMBERSHIP INCLUDES: (1) QUARTERLY SECTION NEWSLETTERS; (2) FREE QUARTERLY CONFERENCE WORKSHOPS; (3) REDUCED REGISTRATION FEES FOR REGIONAL SPECIALIZATION SECTIONS SEMINARS; AND, (4) ROSTER LISTING EACH SECTION MEMBER'S NAME, CONTACT INFORMATION, EXPERTISE AND GEOGRAPHICAL AREA WITH WHICH FAMILIAR. SECTION DUES ARE NOMINAL AND A DISCOUNT IS OFFERED FOR MEMBERSHIP IN ALL SIX SECTIONS.

FOR LSI LEGAL SPECIALIZATION SECTIONS MEMBERSHIP AND DUES INFORMATION, VISIT LSI'S WEBSITE AT www.lsi.org; or, TRANSMIT A COPY OF THIS ENTIRE PAGE OF YOUR APPLICATION TO:

LEGAL SPECIALIZATION SECTIONS COORDINATOR
LSI CORPORATE OFFICE
P.O. BOX 660
FORTUNA, CA 95540-0660
FACSIMILE: 707.725.1344 E-MAIL: lsiorg@suddenlinkmail.com

(Form adopted 5/01; revised 5/08)

* ACCOMPANYING MEMBERSHIP IN LEGAL SECRETARIES, INCORPORATED, A CALIFORNIA NON-PROFIT MUTUAL BENEFIT ASSOCIATION, INCLUDES SUBSCRIPTION TO *THE LEGAL SECRETARY* MAGAZINE, REDUCED ANNUAL DUES FOR MEMBERSHIP IN LEGAL SPECIALIZATION SECTIONS AND DISCOUNTED PRICES ON PURCHASE OF *LSI LEGAL PROFESSIONAL'S HANDBOOK* AND *LAW OFFICE PROCEDURES MANUAL*.

SLSA and LSI MEMBERSHIP APPLICATION (continued)

Name: _____ Birthday _____

Talents, Interests, Hobbies: _____

YOUR SPECIALTY:

<input type="checkbox"/> Administrative Law	<input type="checkbox"/> Criminal Law	<input type="checkbox"/> Real Estate Law
<input type="checkbox"/> Appellate Law	<input type="checkbox"/> Family Law	<input type="checkbox"/> Taxation
<input type="checkbox"/> Arbitration	<input type="checkbox"/> Law Office Management	<input type="checkbox"/> Other
<input type="checkbox"/> Bankruptcy	<input type="checkbox"/> Litigation	Specify: _____
<input type="checkbox"/> Business/Corporate Law	<input type="checkbox"/> Probate/Estate Planning	_____

EDUCATION:

<input type="checkbox"/> High School Diploma	<input type="checkbox"/> Four Year Bachelor's Degree
<input type="checkbox"/> Secretarial Training Course	<input type="checkbox"/> Additional Education Above Four Year Degree
<input type="checkbox"/> Two Year Junior/Business College	

TYPE OF OFFICE:

<input type="checkbox"/> Law Office	<input type="checkbox"/> Self-Employed
<input type="checkbox"/> Government Services	<input type="checkbox"/> Corporate Legal Department
<input type="checkbox"/> Court System	<input type="checkbox"/> Other Specify: _____

BENEFITS PROVIDED BY YOUR EMPLOYER: (Check all that apply)

<input type="checkbox"/> Retirement/401(k)	<input type="checkbox"/> Major Medical	<input type="checkbox"/> Vacation
<input type="checkbox"/> Disability Income Plan	<input type="checkbox"/> Life Insurance	<input type="checkbox"/> Dental
<input type="checkbox"/> Hospitalization	<input type="checkbox"/> Vision	<input type="checkbox"/> Other
		Specify: _____

CHECK HERE IF YOUR EMPLOYER PAYS FOR YOUR MEMBERSHIP DUES

CHECK HERE IF YOUR EMPLOYER PAYS FOR MONTHLY DINNER MEETINGS

CHECK HERE IF YOU ARE WILLING TO HOLD A STANDING COMMITTEE CHAIR OR ASSISTANT CHAIR POSITION

WHERE WOULD YOU LIKE YOUR E-MAIL DELIVERED? [] BUSINESS [] RESIDENCE

SLSA respects your privacy. If you do NOT want to be listed in SLSA's membership roster, check here: []

How did you hear about SLSA? _____

Please make your check payable to **SLSA** in the amount of \$40 (\$25 for students). Mail payment with this form to:

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Sacramento, CA 95814**