

LEGAL SPECIALIZATION SECTIONS

Of LEGAL SECRETARIES, INCORPORATED

MEMBERSHIP APPLICATION / ANNUAL RENEWAL FORM

Complete and mail with your check made payable to LSI, for \$20 for each section, or a total fee of \$75 per year to join all SIX sections simultaneously if an LSI Member, or \$40 for each section or a total fee of \$150 per year to join all sections simultaneously if joining as a non-LSI member.

Mail to: **Margaret Tovar, CCLS, Legal Specialization Coordinator,**
12412 Camilla Street, Whittier, CA 90601-3305

Enclosed is payment of my dues for the fiscal year 8/1/08 through 7/31/09 for the following Section(s). Please check appropriate boxes below for the sections you are joining.

Method of Payment: Check, payable to "LSI," enclosed VISA MASTERCARD
Credit Card Information: Number _____ Expiration Date: Month _____ Year _____
Name on Credit Card: _____ Card Verification Number _____

PER LSI STANDING RULES , CHECKS ISSUED TO LSI WHICH ARE NON-NEGOTIABLE BECAUSE OF INSUFFICIENT FUNDS OR OTHER REASON SHALL BE REPLACED IMMEDIATELY BY CASH, A CERTIFIED CHECK OR MONEY ORDER FOR THE AMOUNT OF THE ORIGINAL CHECK, PLUS \$25 PENALTY, PLUS THE ACTUAL COST CHARGED LSI BY THE FINANCIAL INSTITUTION FOR PROCESSING THE ORIGINAL CHECK.

NEW	RENEWAL

- Criminal Law**
- Family Law**
- Law Office Administration**
- Litigation**
- Probate/Estate Planning**
- Transactional Law**



(PLEASE PRINT OR TYPE)

NAME: MR./MRS./MS _____

ADDRESS/CITY/STATE/ZIP _____

LOCAL ASSOCIATION: _____ LSA/LPA

RESIDENCE PHONE () _____ BUSINESS PHONE: () _____

FAX: _____ E-MAIL ADDRESS: _____

EMPLOYER: _____

EMPLOYER'S ADDRESS: _____

PREFERRED MAILING ADDRESS: HOME OFFICE

YEARS OF LEGAL EXPERIENCE: _____

SIZE OF YOUR LAW OFFICE: STAFF: _____ ATTORNEYS: _____

YOUR SPECIALTY: _____

FAMILIAR WITH PRACTICE IN COUNTIES OF (Please indicate each County, not area):
