

**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:

**Lynne Gomes  
Greenberg Traurig LLP  
1201 K Street, Suite 1100  
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](http://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](mailto: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:

**Lynne Gomes**  
**Greenberg Traurig LLP**  
**1201 K Street, Suite 1100**  
**Sacramento, CA 95814**