

**APPLICATION FOR MEMBERSHIP IN
SACRAMENTO LEGAL SECRETARIES ASSOCIATION**

COMPLETE AND DELIVER THE ORIGINAL APPLICATION, WITH CHECK PAYABLE TO "SLSA"
(see membership category and dues information below), TO:

**Marci Frazier, President
Sacramento Legal Secretaries Association
c/o Downey Brand, LLP
621 Capitol Mall, 18th Floor
Sacramento, CA 95814**

NAME OF APPLICANT _____ ARE YOU A CCLS? YES NO

EMPLOYER _____ POSITION _____

BUSINESS ADDRESS _____ CITY/ZIP _____

BUSINESS PHONE _____ BUSINESS E-MAIL _____

RESIDENCE ADDRESS _____ CITY/ZIP _____

RESIDENCE PHONE _____ 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 PROFESSIONALS, 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 PROFESSIONALS, 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 (IF ANY) _____ APPLICATION APPROVED _____

SLSA MEMBERSHIP CATEGORIES/ANNUAL DUES (Check One)***

SLSA ACTIVE MEMBER* (Annual Dues \$50): Persons currently engaged in work of a legal nature with at least one year's experience as a legal professional, including persons licensed to practice law, persons working in the office of an attorney licensed to practice law in this state, or in the courts of this state, trust departments of banks or trust companies, or in any other institution or office directly engaged in work of a legal nature, including the public offices of the United States government, state, cities, counties or municipalities. *Dues include local dues, any initiation fee, and Legal Professionals, Incorporated (LPI) per capita tax.*

LPI and SLSA STUDENT MEMBER (Annual Dues \$25):** Persons currently enrolled in an educational program leading to employment in the legal profession may maintain such Student Membership while thus enrolled. Student Members are considered an Active Member for purposes of LPI contests and have all the rights of an Active Member of LPI but are not eligible for elected or appointed office of LPI and may not serve as Governor or delegate of a Local Association. LPI student members are not eligible for the LPI scholarship. *Dues include local dues, any initiation fee, and LPI per capita tax.*

LPI and SLSA ASSOCIATE MEMBER (Annual Dues \$25):** Persons who are actively seeking employment in the legal profession. An Associate Member of LPI may maintain Associate Membership for a period of two years. Associate Members are considered an Active Member for purposes of LPI contests and have all the rights of an Active Member of LPI but are not eligible for elected or appointed office of LPI and may not serve as Governor or delegate of a Local Association. LPI associate members are not eligible for the LPI scholarship. *Dues include local dues, any initiation fee, and LPI per capita tax.*

* ACTIVE MEMBERSHIP IN SLSA INCLUDES MEMBERSHIP IN LEGAL PROFESSIONALS, INCORPORATED (LPI), AND ALL BENEFITS OF MEMBERSHIP IN LPI AND SLSA. ACTIVE MEMBERS MAY VOTE, SERVE ON COMMITTEES, AND BE ELECTED TO OFFICE.

** STUDENT/ASSOCIATE MEMBERS MAY NOT VOTE, AND MAY NOT BE ELECTED TO OFFICE. STUDENT/ASSOCIATE MEMBERS MAY SERVE ON COMMITTEES

*** SLSA Membership Period: May 1 – April 30.

Name: _____

Birthday (MO/DAY) _____

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 – Specify: _____ |
| <input type="checkbox"/> Bankruptcy | <input type="checkbox"/> Litigation | |
| <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**

E-MAIL PREFERENCE? **BUSINESS** **RESIDENCE (Please check only one)**
[This includes publications of *The Legal Eagle* and *The Legal Secretary*]

REGULAR MAIL PREFERENCE? **BUSINESS** **RESIDENCE (Please check only one)**

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**. Mail payment with this form to:

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