

# LEGAL SPECIALIZATION SECTIONS

## *Of LEGAL SECRETARIES, INCORPORATED*

### 2010-2011 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: **LESLIE AMES, CCLS, Legal Specialization Coordinator,**  
**4248 Crestview Place, Eureka, CA 95503**

Enclosed is payment of my dues for the fiscal year **8/1/10** through **7/31/11** 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 \_\_\_\_\_ PLS/CCLS/CLA/PARALEGAL

ADDRESS/CITY/STATE/ZIP \_\_\_\_\_

LOCAL ASSOCIATION: \_\_\_\_\_ LSA/LPA

RESIDENCE PHONE ( ) \_\_\_\_\_ BUSINESS PHONE: ( ) \_\_\_\_\_

E-MAIL ADDRESS(ES): \_\_\_\_\_

EMPLOYER: \_\_\_\_\_

EMPLOYER'S ADDRESS: \_\_\_\_\_

**PREFERRED MAILING ADDRESS:  HOME  OFFICE  EMAIL**

YEARS OF LEGAL EXPERIENCE: \_\_\_\_\_

SPECIALTY: \_\_\_\_\_

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

\_\_\_\_\_