

# LEGAL SPECIALIZATION SECTIONS

## *Of LEGAL SECRETARIES, INCORPORATED*

### 2013-2014 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: **Cheryl L. Kent, PLS, CCLS, Legal Specialization Sections Coordinator**  
**P. O. Box 12082, Pleasanton, CA 94588**

Enclosed is payment of my dues for the fiscal year **8/1/13** through **7/31/14** 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

- Civil Litigation
- Criminal Law
- Family Law
- Law Office Administration
- 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: \_\_\_\_\_

**PLEASE NOTE PREFERRED EMAIL ADDRESS. NEWSLETTERS, ROSTERS, AND OTHER COMMUNICATIONS, WILL BE SENT VIA EMAIL UNLESS REGULAR MAIL IS SPECIFICALLY REQUESTED.**

I prefer communication via USPS      (indicate preferred address: home      work      )

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

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

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

\_\_\_\_\_