

LAPA MEMBERSHIP APPLICATION

Name (Please Print) _____

Employer Name _____

Employer Address _____

City/State _____ Zip _____

Telephone () _____ Fax () _____

E-Mail Address: _____

Your Title _____

Number of Paralegals at firm? _____

Send LAPA Mail to: Employer _____ Home _____

Home Address _____

City/State _____ Zip _____

Telephone () _____ Fax () _____

Paralegal School Attended? _____

Geographic Location (Check one)

- | | |
|--|--|
| <input type="checkbox"/> Downtown | <input type="checkbox"/> Westside |
| <input type="checkbox"/> South Bay /Long Beach | <input type="checkbox"/> San Fernando Valley |
| <input type="checkbox"/> Glendale/Burbank/Pasadena | <input type="checkbox"/> San Gabriel Valley |

Practice Area Specialization (limited to three)

- | | |
|--|---|
| <input type="checkbox"/> Bankruptcy | <input type="checkbox"/> Corporate |
| <input type="checkbox"/> Entertainment Law | <input type="checkbox"/> Freelance |
| <input type="checkbox"/> Litigation | <input type="checkbox"/> Probate, Estate Planning |
| <input type="checkbox"/> Real Estate | <input type="checkbox"/> Other _____ |

Do you want to make friends and help plan LAPA events? Yes No

Membership Status Requested (check one; annual dues)

- | | |
|--|--|
| <input type="checkbox"/> Voting Member \$77 | <input type="checkbox"/> Associate Member \$77 |
| <input type="checkbox"/> Student Member \$62 | <input type="checkbox"/> Benefactor Member \$202 |

Deduct \$2 if paying via check or money order

Charge It!

Circle Credit Card Type: Visa _____ MasterCard _____

Credit Card #: _____ Expiration Date: _____

Please indicate amount to be charged: \$ _____

Many employers will pay LAPA dues, which may be deductible as a regular business expense.

LAPA's Federal I.D. # 95-3302452

Make Checks Payable to: Los Angeles Paralegal Association.

Mail to: LAPA, P.O. Box 71708, Los Angeles, CA 90071

I hereby certify that I qualify for the class of membership designated and I authorize LAPA to activate my membership. I understand misrepresentation is grounds for termination of membership. My signature also authorizes LAPA to charge the dues amount indicated if credit card information is provided.

Signature _____ Date _____

LAPA USE ONLY

Check Number _____ Date Rcvd. _____ Amount _____