

# 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"/> Independent/Freelance     |
| <input type="checkbox"/> Litigation        | <input type="checkbox"/> Probate & Estate Planning |
| <input type="checkbox"/> Real Estate       | <input type="checkbox"/> Other _____               |

Want to get involved 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 |

Circle Credit Card Type: Visa \_\_\_\_\_ MasterCard \_\_\_\_\_ Amex \_\_\_\_\_

**Name on card:** \_\_\_\_\_

**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 \_\_\_\_\_