

# LAPA MEMBERSHIP APPLICATION

Name (Please Print) \_\_\_\_\_  
Employer Name \_\_\_\_\_  
Employer Address \_\_\_\_\_  
City/State \_\_\_\_\_ Zip \_\_\_\_\_  
Telephone (\_\_\_\_\_) \_\_\_\_\_  
E-Mail Address \_\_\_\_\_  
Number of Paralegals at your Firm \_\_\_\_\_  
Where you like your LAPA mail sent:  Employer  Home

Home Address \_\_\_\_\_  
City/State \_\_\_\_\_ Zip \_\_\_\_\_  
Telephone (\_\_\_\_\_) \_\_\_\_\_  
Paralegal School Attended? \_\_\_\_\_

Geographic Location (Check one)

- Downtown  Westside  South Bay/Long Beach  
 San Fernando Valley  Glendale/Pasadena  San Gabriel Valley

Practice Specialization (Limited to three)

- Bankruptcy  Corporate  Entertainment Law  
 Independent/Freelance  Litigation  Probate & Estate Planning  
 Real Estate  Other: \_\_\_\_\_

Would you like to become involved and help plan LAPA events:  Yes  No

Membership Status and Annual Dues (Please check one)

- Voting Member \$ 77  Associate Member \$ 77  
 Student Member \$ 62  Benefactor Member \$202

Credit Card Type:  Visa  MasterCard  American Express

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

Credit Card #: \_\_\_\_\_ Expiration: \_\_\_\_\_

Please indicate amount to be charged: \$ \_\_\_\_\_

How would you like to receive your Monthly Newsletter?  Electronically (preferred)  U.S. Mail

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

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

Please make checks payable to: Los Angeles Paralegal Association

Mail to: LAPA, P.O. Box 71708, Los Angeles, CA 90071 Tel: 866-626-LAPA Fax: 866-460-0506

I hereby certify that I qualify for the class of membership designated and I authorize LAPA to activate my membership. I understand that 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: \_\_\_\_\_