LEGAL SECRETARIES INTERNATIONAL INC.

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APPLICATION TO TAKE CERTIFIED LEGAL SECRETARY SPECIALIST EXAMINATION

Check applicable exam applying for: [ ] Bus. Law [ ] Civil Litigation [ ] Probate
[ ] Real Estate [ ] Criminal [ ] IP

Name:_____

Address:_____

City: _____State: _____Zip:_____
Telephone: (Home) _____(Office)_____

Number of years law-related experience: _____

List employers and dates: (attach additional sheet if necessary)_____

_____

_____

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_____

Waivers requested and reason:

_____

_____

_____

Check or money order in the amount of $35 (members) or $75 (nonmembers) payable to Legal Secretaries International Inc. is enclosed

OR

[ ] Please charge my credit card: [ ] VISA [ ] MasterCard [ ] Discover [ ] Am. Ex

Card No.: _____ Exp. Date: ___/___
3 or 4-Digit ID No. _____ from credit card
If your credit card is billed to an address other than that above, please provide credit card billing address:

_____

_____

Signature of cardholder: _____
Send to Legal Secretaries International Inc., c/o Carol Wilson, CL§, 8902 Sunnywood Dr., Houston, Texas 77088-3729. Any errors or omissions on this application may void certification.
I agree to abide by all rules concerning this examination and certification.

Signature of Applicant: _____Date: _____