



# Legal Secretaries International Inc.

## MEMBERSHIP APPLICATION

Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

Office Address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Indicate preferred mailing address: \_\_\_\_\_ *Home* *Office*

Home Phone: \_\_\_\_\_ Office Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Home E-mail: \_\_\_\_\_

Office E-mail \_\_\_\_\_

Area of expertise, practice, or interest: \_\_\_\_\_

Software/applications your use: \_\_\_\_\_

Would you like to serve by teaching or writing: \_\_\_\_\_

Would you like to serve on a committee: \_\_\_\_\_

How did you learn about our Association?

Internet: \_\_\_\_\_ Publication: \_\_\_\_\_

Flyer: \_\_\_\_\_ Previous Member:  Yes  No

Referral Source: \_\_\_\_\_

*Dues: \$35 per year (\$17.50 for retirees); renewable at anniversary date*

*Remit to:*

Legal Secretaries International Inc.  
c/o Roberta Sargent, Treasurer  
6900 SW 195<sup>th</sup> Avenue #210  
Aloha, OR 97007

*Questions:*

Contact: Elizabeth Harbolt, KCL§, Membership Chair  
[E-mail: membership@legalsecretaries.org](mailto:membership@legalsecretaries.org)  
Telephone: 502.568.5446

I hereby make application for membership in Legal Secretaries International Inc.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_ Check Enclosed

\_\_\_\_ I authorize you to charge my credit card indicated below for annual membership dues of \$ \_\_\_\_\_  
There are no pro-rations for partial membership cancellation during the year.

\_\_\_\_ Visa \_\_\_\_\_ MasterCard \_\_\_\_\_ Discover \_\_\_\_\_ American Express 3 or 4 digit security code \_\_\_\_\_

Card No. \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



INVITE A FRIEND TO JOIN TOO!