

Questions?

Please contact Pauline Balestrino at:

membership@smclpa.org



APPLICATION FOR MEMBERSHIP IN

SAN MATEO COUNTY

LEGAL PROFESSIONALS ASSOCIATION

Please complete and deliver this application, with check payable to SMCLPA for \$ _____, which includes local dues, any initiation fee, and Legal Professionals Incorporated (LPI)* per capita tax to:

SMCLPA, C/O Pauline Balestrino, 909 Laurel Street, San Carlos, CA 94070

If you have questions, please email membership@smclpa.org.

Name of Applicant: _____

Type of Membership: Active (Directly engaged in work of a legal nature in California): \$50
Student (Enrolled in a course of study leading to employment in the legal profession): \$25
Associate (Actively seeking employment in the legal profession): \$50

Employer: _____ Position: _____

Name of school you are attending if you are applying for Student Membership: _____

USE THIS ADDRESS FOR MAILINGS:

Business Address: _____

City: _____, California Zip: _____

Business Telephone: _____

Business Facsimile: _____

Business E-Mail: _____

USE THIS EMAIL ADDRESS FOR ALL COMMUNICATIONS.

USE THIS ADDRESS FOR MAILINGS:

Home Address: _____

City: _____, State: _____ Zip: _____

Residence Telephone: _____

Mobile Telephone: _____

Home E-Mail: _____

USE THIS EMAIL ADDRESS FOR ALL COMMUNICATIONS.

For receipt of *The Legal Professional magazine*, please indicate receipt electronically or by hard copy:

- Send me *The Legal Professional* magazine electronically to my home email address OR my business email address (check one)
- Send me a hard copy of *The Legal Professional* magazine to my home address OR my business address (check one)

Employment in the legal field (please include positions, dates): _____

Previous membership in a legal secretaries/professionals association (please include associations, dates): _____

IF ACCEPTED AS A MEMBER, I AGREE TO BE BOUND BY THE BYLAWS AND STANDING RULES OF LEGAL PROFESSIONALS INCORPORATED, AND THE LOCAL ASSOCIATION TO WHICH I HEREBY APPLY FOR MEMBERSHIP, INCLUDING THE FOLLOWING CODE OF ETHICS:

IT SHALL BE THE DUTY OF EACH MEMBER OF LEGAL PROFESSIONALS INCORPORATED TO OBSERVE ALL LAWS, RULES AND REGULATIONS NOW OR HEREAFTER IN EFFECT RELATING TO CONFIDENTIALITY AND PRIVILEGED COMMUNICATION, ACTING WITH LOYALTY, INTEGRITY, COMPETENCE AND DIPLOMACY, IN ACCORDANCE WITH THE HIGHEST STANDARDS OF PROFESSIONAL CONDUCT.

(Dedicated to the memory of Joan M. Moore, PLS, CCLS, LPI President 1980-82)

SIGNATURE OF APPLICANT: _____ DATE: _____

SPONSOR: _____ APPLICATION APPROVED: _____

*Accompanying membership in Legal Professionals Incorporated (LPI), a California non-profit mutual benefit association, includes a subscription to *THE LEGAL PROFESSIONAL* magazine, reduced annual dues for membership in Legal Specialization Sections and discounted prices on purchase of *LEGAL PROFESSIONAL'S HANDBOOK* and *LAW OFFICE PROCEDURES MANUAL*.



**APPLICATION FOR MEMBERSHIP IN SMCLPA
(CONTINUED)**

Birth day month and day: _____

Please check your area(s) of expertise:

- | | | | |
|--|--|--|--|
| <input type="checkbox"/> Administrative | <input type="checkbox"/> Corporate | <input type="checkbox"/> Legal Malpractice | <input type="checkbox"/> Real Estate |
| <input type="checkbox"/> Appeals | <input type="checkbox"/> Defense | <input type="checkbox"/> Litigation | <input type="checkbox"/> Securities |
| <input type="checkbox"/> Arbitration | <input type="checkbox"/> Environmental | <input type="checkbox"/> Maritime | <input type="checkbox"/> State |
| <input type="checkbox"/> Bankruptcy | <input type="checkbox"/> Family | <input type="checkbox"/> Medical Malpractice | <input type="checkbox"/> Tax |
| <input type="checkbox"/> Civil Litigation | <input type="checkbox"/> Federal | <input type="checkbox"/> Plaintiff | <input type="checkbox"/> Transactional |
| <input type="checkbox"/> Criminal | <input type="checkbox"/> Intellectual | <input type="checkbox"/> Personal Injury | <input type="checkbox"/> Workers' Compensation |
| <input type="checkbox"/> Construction Defect | <input type="checkbox"/> Law Office Management | <input type="checkbox"/> Probate / Estate Planning | |

Other (Please) _____

Occupation:

- | | | | |
|--|------------------------------------|---|----------------------------------|
| <input type="checkbox"/> Legal Secretary | <input type="checkbox"/> Paralegal | <input type="checkbox"/> Clerk | <input type="checkbox"/> Student |
| <input type="checkbox"/> Support Staff | <input type="checkbox"/> Attorney | <input type="checkbox"/> Other (Please specify) _____ | |

Years worked in the legal profession: *You must be in the legal field for at least 3 months to apply for active membership*

- | | | | |
|--|--|--|--------------------------------------|
| <input type="checkbox"/> 0 – 3 Months | <input type="checkbox"/> 3 – 6 Months | <input type="checkbox"/> 1 – 4 Years | <input type="checkbox"/> 5 – 9 Years |
| <input type="checkbox"/> 10 – 15 Years | <input type="checkbox"/> Over 15 Years | <input type="checkbox"/> Over 20 Years | |

Reason(s) for joining our Association?

What benefits and/or goals do you want to achieve with this Association?

What type of participation would you like to have with our Association?

Are you willing to hold a standing committee job or an assistant chair? Yes No

Does your employer pay for your membership dues? Yes No

Does your employer pay for your monthly meetings? Yes No

Does your employer provide you with benefits? Yes No

- Medical Dental Vision Vacation Holidays Floating Holidays