



# MEMBERSHIP APPLICATION

A MEMBER OF LPI - LEGAL PROFESSIONALS, INCORPORATED • CHARTERED 1948

Please complete and deliver this application, with check payable to "BHCCLSA" for \$55.00, which includes local dues (\$20); initiation fee (\$5); and Legal Professionals, Incorporated (LPI)\* per capita tax (\$30); to the address below. If you wish to pay by credit or debit card, please email [gedwards@glaserweil.com](mailto:gedwards@glaserweil.com) and cc [membership@BHCCLSA.org](mailto:membership@BHCCLSA.org) and we will send you an electronic invoice to pay Online.

## PLEASE PRINT

Name of Applicant: \_\_\_\_\_ CCLS PLS Birthdate Month: \_\_\_\_\_ Day: \_\_\_\_\_

Employer: \_\_\_\_\_ Position: \_\_\_\_\_

USE THIS ADDRESS FOR MAILINGS:

Business Address: \_\_\_\_\_

City: \_\_\_\_\_, CA Zip: \_\_\_\_\_

Business Telephone: \_\_\_\_\_

Business Facsimile: \_\_\_\_\_

Business E-Mail: \_\_\_\_\_

USE THIS EMAIL ADDRESS FOR ALL COMMUNICATIONS.

USE THIS ADDRESS FOR MAILINGS:

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

City: \_\_\_\_\_, CA Zip: \_\_\_\_\_

Residence Telephone: \_\_\_\_\_

Mobile Telephone: \_\_\_\_\_

Home E-Mail: \_\_\_\_\_

USE THIS EMAIL ADDRESS FOR ALL COMMUNICATIONS.

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, LSI 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 SECRETARY magazine, reduced annual dues for membership in Legal Specialization Sections and discounted prices on purchase of LPI LEGAL PROFESSIONAL'S HANDBOOK and LAW OFFICE PROCEDURES MANUAL.

## LPI LEGAL SPECIALIZATION SECTIONS MEMBERSHIP

LPI MEMBERS MAY ALSO JOIN ONE OR MORE OF THE FOLLOWING LSI LEGAL SPECIALIZATION SECTIONS:

- CIVIL LITIGATION  
• LAW OFFICE ADMINISTRATION
- CRIMINAL / FAMILY LAW  
• PROBATE/ESTATE PLANNING
- FEDERAL LAW  
• TRANSACTIONAL LAW

Legal Specialization Sections provide access to continuing education workshops and seminars. Membership includes access to free quarterly workshops; quarterly newsletters containing up-to-date information, including changes in the law and forms; statewide roster of all members in each section for easy access to local procedural information in other counties; and networking opportunities. Section dues are nominal and a discount is offered for membership in all six sections.

**For LPI Legal Specialization Sections membership and dues information, visit LPI's website at**  
<https://www.legalprofessionalsinc.org/legal-specialization-sections-membership-application-and-annual-renewal-form/>

**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 specify) \_\_\_\_\_

**Occupation:**

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

**Years worked in the legal profession:**

- |  |  |                                      |  |
|--|--|--------------------------------------|--|
| <input type="checkbox"/> 0 – 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

**FOR MEMBERSHIP CHAIR USE ONLY**

Application Received Date: \_\_\_\_\_

First Meeting Date: \_\_\_\_\_

Dues Paid Date: \_\_\_\_\_ Amount: \_\_\_\_\_

[ ] Check# \_\_\_\_\_ [ ] PayPal [ ] Cash

Board Approval Date: \_\_\_\_\_

Initiation Date: \_\_\_\_\_

**THANK YOU FOR SUPPORTING  
BEVERLY HILLS CENTURY CITY LEGAL SECRETARIES ASSOCIATION!**