

**APPLICATION FOR MEMBERSHIP
LEGAL SECRETARIES OF D.C., INC.
An Affiliate of
LEGAL SECRETARIES INTERNATIONAL INC.**

Date _____ Referred by _____

Name: _____

Home Address: _____

Business Address: _____

Employer: _____

Position Title: _____

Preferred Mailing

Address: Home
 Business

Telephone:

Home: () _____

Business: () _____

Fax: () _____

E-mail: _____

Your Specialty (Area of Law):

Age: (optional)

Under 25 25-35 36-45 46-55

Years Worked in Legal Profession: _____

Size of Office: _____

Software applications you use: _____

Type of Legal Office:

Law Firm Corporate legal dept
 Self-employed Court System
 Govt Services Other: _____

Would you like to serve by
teaching/writing? _____

Would you like to serve on a committee? _____

Check Membership Category Applied For:

Legal Secretaries of D.C. Dues

Regular **\$25.00**

Special **\$12.50**

Legal Secretaries International Inc.

Regular **\$35.00**

Retired **\$17.50**

Total Amount Due: \$ _____

Applicant's Signature

Return this form to:

Director of Recruiting
Legal Secretaries of D.C., Inc.
P. O. Box 460, Ben Franklin Station
Washington, DC 20044-0460