



**APPLICATION FOR MEMBERSHIP**  
**FLORIDA ASSOCIATION**  
**OF LEGAL SUPPORT SPECIALISTS, INC.**  
*An Organization for Individuals Who Are Pursuing Professional Excellence*  
[www.falss.org](http://www.falss.org)

**Date:** \_\_\_\_\_

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

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

**Employer:** \_\_\_\_\_

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

**Your Title:** \_\_\_\_\_

**PREFERRED MAILING ADDRESS** \_\_\_ HOME \_\_\_ BUSINESS

**Certification/Registration:** \_\_\_\_\_

**Telephone:** HOME (\_\_\_\_) \_\_\_\_\_

WORK (\_\_\_\_) \_\_\_\_\_

FAX (\_\_\_\_) \_\_\_\_\_

EMAIL \_\_\_\_\_

**Birthday: (Month & Day)** \_\_\_\_\_

**Your Specialty:**

- \_\_\_ ADMINISTRATIVE/GOVERNMENT
- \_\_\_ BANKRUPTCY
- \_\_\_ CORPORATION/BUSINESS LAW
- \_\_\_ CRIMINAL
- \_\_\_ ENTERTAINMENT
- \_\_\_ ENVIRONMENTAL
- \_\_\_ FAMILY
- \_\_\_ LAW OFFICE MANAGEMENT
- \_\_\_ LITIGATION
- \_\_\_ MEDIATION
- \_\_\_ PROBATE/ESTATE PLANNING
- \_\_\_ REAL ESTATE
- \_\_\_ TAXATION
- \_\_\_ UTILITY
- \_\_\_ WORKERS' COMPENSATION
- \_\_\_ OTHER: \_\_\_\_\_

**Type of Law Office:**

- \_\_\_ PRIVATE LAW FIRM
- \_\_\_ CORPORATE LEGAL DEPARTMENT
- \_\_\_ GOVERNMENT LEGAL DEPARTMENT
- \_\_\_ COURT SYSTEM
- \_\_\_ COURT REPORTER'S OFFICE
- \_\_\_ SELF-EMPLOYED
- \_\_\_ OTHER: \_\_\_\_\_

**HOW DID YOU LEARN OF THIS ASSOCIATION?**

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

**Chapter:** \_\_\_\_\_

Revised: 08/21/10

**MEMBERSHIP CATEGORIES**

\$10 One-Time Initiation Fee – FALSS

**AND**

\$30 Individual Member - FALSS

\$15 Retired Member - FALSS

\$15 Student Member - FALSS  
(no Initiation Fee for Students)

**AND**

\$\_\_\_ Individual Member - Local Chapter

\$\_\_\_ Retired Member - Local Chapter

\$\_\_\_ Student Member - Local Chapter

\$\_\_\_\_\_ **Total State & Local Dues Enclosed**

**◆Dues for members joining FALSS during the period January 1 through March 31 shall be as follows:**

Voting/Individual Member - \$45.00 (+ \$10 Initiation Fee)

Retired Member - \$22.50 (+ \$10 Initiation Fee)

Student Member - \$22.50

**◆THE ABOVE AMOUNTS INCLUDE MEMBERSHIP DUES FOR THIS FISCAL YEAR AND THE NEXT FISCAL YEAR.**

Return this form and your payment to the local chapter treasurer:\*

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Make checks payable to the local chapter:

\_\_\_\_\_

\*If no local chapter, make check payable to FALSS, and mail to address below:

Method of Payment:

- Check
- Cash (Do not sent cash in the mail)
- Money Order

**APPLICANT'S SIGNATURE:**

\_\_\_\_\_

**FOR MORE INFORMATION, PLEASE CONTACT:**

FALSS Association Headquarters

ATTN.: Vice President/Membership Chairman

Post Office Box 161390

Altamonte Springs, FL 32716-1390