



**Application for membership:  
ORANGE COUNTY ASSOCIATION OF  
Legal Support Specialists (OCALSS)**

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

(Providing the following information is optional and not required)

**Please Print Clearly:**

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

Age: Birthday: Month \_\_\_\_\_ Day \_\_\_\_\_

Anniversary: Month \_\_\_\_\_ Day \_\_\_\_\_

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

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

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

Your Position/Title: \_\_\_\_\_  
\_\_\_\_\_

TYPE OF LAW PRACTICED: \_\_\_\_\_

Preferred mailing address: \_\_\_\_\_ Work \_\_\_\_\_ Home

Telephone:  
Home: (\_\_\_\_) \_\_\_\_\_  
Work: (\_\_\_\_) \_\_\_\_\_  
Fax: (\_\_\_\_) \_\_\_\_\_  
E-Mail: \_\_\_\_\_

Under 25: \_\_\_\_\_

25-35: \_\_\_\_\_

36-45: \_\_\_\_\_

46-over: \_\_\_\_\_

Years worked in legal profession:

0-1: \_\_\_\_\_

2-5: \_\_\_\_\_

6-10: \_\_\_\_\_

11-15: \_\_\_\_\_

16-20: \_\_\_\_\_

over 20: \_\_\_\_\_

Lawyers in office:

1-2 \_\_\_\_\_

3-6 \_\_\_\_\_

7-10 \_\_\_\_\_

11-20 \_\_\_\_\_

over 20 \_\_\_\_\_

For more information contact:

**Judi Barnes, Vice President and Membership Chair**  
21010 Wolf Branch Road  
Mt. Dora, Florida 32757  
Phone: **(352) 383-3397** Home: (352) 383-2954  
[judibarnes@yahoo.com](mailto:judibarnes@yahoo.com)

**(Membership dues: \$20.00 Annual)**  
(Renewal in April – Late fee of \$3.00 after May 31)

How did you learn of this association?  
\_\_\_\_\_  
\_\_\_\_\_

**MAKE CHECKS PAYABLE TO:**

**ORANGE COUNTY ASSOCIATION OF LEGAL  
SUPPORT SPECIALISTS  
(OCALSS)**

RETURN THIS FORM AND YOUR CHECK TO: JUDI BARNES AT THE ABOVE ADDRESS