



FLORIDA ASSOCIATION OF LEGAL SUPPORT SPECIALISTS, INC.

An Organization for Individuals in the Legal Field Who Are Pursuing Professional Excellence

www.falss.org

APPLICATION FOR MEMBERSHIP

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: 01/14/20

MEMBERSHIP CATEGORIES

\$10 One-Time Initiation Fee – FALSS

AND

\$50 Individual Member - FALSS

\$25 Retired Member - FALSS

\$25 Student Member – FALSS
(proof of enrollment required with application)
(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 November 1 through March 31 shall be as follows:**

Individual Member - \$75.00 (+ \$10 Initiation Fee)

Retired Member - \$37.50 (+ \$10 Initiation Fee)

Student Member - \$37.50 (with proof of enrollment)

◆ **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:

**Deborah Woodson, FALSS Treasurer
819 Cedarcrest Court, Sarasota, FL 34232**

Method of Payment:

Check

Cash (Do not send cash in the mail)

Money Order

Debit/Credit* (Contact FALSS Treasurer)

APPLICANT'S SIGNATURE:

FOR MORE INFORMATION, PLEASE CONTACT:

Lela E. Prine, FALSS Vice President

lelasplace@yahoo.com

*Service Fee Applies