



MEMBERSHIP / RENEWAL FORM

FLORIDA ASSOCIATION OF LEGAL SUPPORT SPECIALISTS, INC.
An Organization for Individuals Who Are Pursuing Professional Excellence
www.FALSS.org

All prospective members of FALSS are required to complete this registration form. Indicate any changes.
 Membership runs from May 1st through April 30th.

NEW MEMBERSHIP **RENEWAL** **Changes Only** **No Changes**
 [New Membership includes a one-time \$10.00 initiation fee] / [Postmarked after June 1st, is subject to a \$10.00 reinstatement fee]

SECTION 1: MEMBER CONTACT INFORMATION

TITLE	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms	DATE	
NAME		PREFERRED CONTACT	<input type="checkbox"/> HOME <input type="checkbox"/> WORK
ADDRESS (W)		EMPLOYER	
		WORK PHONE	
		EMAIL	
ADDRESS (H)		HOME PHONE	
		CELL PHONE	
		EMAIL	
JOB TITLE		AREA OF LAW PRACTICE	
CHAPTER		MAL / BP*	
CERTIFICATION		REFERRED BY:	

[*MAL – “Member at Large” / BP – “Business Partner”]

SECTION 2: MEMBERSHIP TYPE AND PAYMENT DETAILS

MEMBER TYPE	DESCRIPTION	MEMBERSHIP DUES (Annual)	✓	One Time Initial Fee or Reinstatement Fee	✓	MEMBERSHIP DUES (Pro-rated)**	✓
INDIVIDUAL	Individual Membership	\$50.00		\$10.00		\$75.00	
RETIRED	Retired Membership	\$25.00		\$10.00		\$37.50	
STUDENT	Student Membership – Proof of Enrollment Required (restricted from voting, holding office, or chairing committees)	\$25.00				\$37.50	
BUSINESS	Business Membership (See Business Partners Program)						
	Advocate Level:	\$1,000.00				\$1,104.15	
	Guardian Level:	\$500.00				\$700.30	
	Defender Level:	\$250.00				\$354.15	
LOCAL	Individual Membership						
	Retired Membership						
	Student Membership						
AMOUNT	Make Payable to FALSS unless you belong to a Local Chapter (see below)						
PAYMENT METHOD	<input type="checkbox"/> Business Check <input type="checkbox"/> Personal Check <input type="checkbox"/> Cash Paid In Person			TOTAL: \$ _____			

[**Pro-rated Dues: Dues for members joining during the period of November 1 through March 31. (Includes the pro-rated dues for the current fiscal year and the full amount for the following fiscal year.)]

SECTION 3: MEMBER INFORMATION

IF YOU BELONG TO A LOCAL CHAPTER	IF YOU DO NOT BELONG TO A LOCAL CHAPTER
<input type="checkbox"/> Complete this form and send with your payment to:	<input type="checkbox"/> Complete this form and send with your payment to:
	FALSS ASSOCIATION HEADQUARTERS ATTN.: VICE PRESIDENT / MEMBERSHIP CHAIR POST OFFICE BOX 3961 OCALA, FL 34478-3961 ALL CHECKS TO BE MADE PAYABLE TO: FALSS