



**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: 02/16/16

**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:

**Method of Payment:**

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

**APPLICANT'S SIGNATURE:**

\_\_\_\_\_

**FOR MORE INFORMATION, PLEASE CONTACT:**

FALSS Association Headquarters  
 ATTN.: Vice President/Membership Chairman  
 PO Box 3961  
 Ocala, FL 34478-3961