



APPLICATION FOR MEMBERSHIP
FLORIDA ASSOCIATION
OF LEGAL SUPPORT SPECIALISTS, INC.

An Organization for Individuals Who Are Pursuing Professional Excellence

www.falss.org

Date: _____

Name: _____

Home Address: _____

Employer: _____

Business Address: _____

Your Title: _____

PREFERRED MAILING ADDRESS ___ HOME ___ BUSINESS

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: 07/13/05

MEMBERSHIP CATEGORIES

ÿ \$10 One-Time Initiation Fee - FALSS

AND

ÿ \$30 Individual Member - FALSS

ÿ \$15 Retired Member - FALSS

ÿ \$15 Student Member - FALSS

(no Initiation Fee for Students)

AND

ÿ \$___ Individual Member - Local Chapter

ÿ \$___ Retired Member - Local Chapter

ÿ \$___ 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:

ÿ Check

ÿ Cash (Do not sent cash in the mail)

ÿ 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