



San Francisco Legal Professionals Association

MEMBERSHIP RENEWAL FORM

For The Fiscal Year of May 1st Through April 30th

IT'S THAT TIME AGAIN! Please fill out the renewal form below and mail a hard copy along with your check for \$45.00 made payable to SFLPA to:

SFLPA Treasurer, P.O. Box 2582, San Francisco, CA 94126

For Active Members, your annual dues consist of \$25.00 for your SFLPA annual membership renewal and \$20.00 for your Legal Secretaries, Inc. membership renewal for the fiscal year beginning May 1st of this year. Checks must be received by June 1st or members will be charged an additional \$5.00 late fee for their membership renewal.

- Please:
- Complete the entire form even if your contact information has not changed over the past year. You can also fill out and print this form at www.sflpa.org.
 - Do not indicate "same" or "no change" for any of your answers.
 - List your name as you would like it to appear on the SFLPA Roster and on your Membership Card.
 - Life Members should complete and return this form also.

MEMBER INFORMATION		
NAME:		Check as applicable: <input type="checkbox"/> CCLS <input type="checkbox"/> PLS <input type="checkbox"/> CLA
Where do you prefer to receive postal mail?	<input type="checkbox"/> Home	<input type="checkbox"/> Work
Where do you prefer to receive Email?:	<input type="checkbox"/> Home	<input type="checkbox"/> Work
Please indicate your type of membership: <input type="checkbox"/> Active \$45.00 <input type="checkbox"/> Associate \$25.00 <input type="checkbox"/> Life \$500.00 <input type="checkbox"/> Honorary (Board Approved)		
DATE SUBMITTED:	AMOUNT ENCLOSED:	\$
E-Mail Addresses:	(Office)	(Home - optional)
BUSINESS		
Employer:		Title:
Areas of Practice:		
Office Address:		
City:	State:	ZIP Code:
Phone:	Is this information different from last year?	<input type="checkbox"/> Yes <input type="checkbox"/> No
PERSONAL		
Home Address or P.O. Box:		
City:	State:	ZIP Code:
Telephone Numbers	Home:	Cell:
Is this information different from last year? <input type="checkbox"/> Yes <input type="checkbox"/> No		
OTHER		
Would you consider becoming a committee member? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, list committees you would be interested in serving:		

Note: Your contact information above will not be distributed outside SFLPA without your consent.

Upon receipt of your complete application and your accompanying check, a current membership card will be sent to the address you listed above as your mailing preference. If you have any questions regarding your renewal of membership with the SFLPA, please contact any of the current officers listed on our website at www.sflpa.org. Thank you for your continued support as a member of the San Francisco Legal Professionals Association.