



Legal Secretaries International Inc.

MEMBERSHIP APPLICATION

Name: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Place of Employment: _____

Office Address: _____

City: _____ State _____ Zip Code _____

Indicate preferred mailing address: _____ Home Office

Home Phone: _____ Office Phone: _____

Cell Phone: _____ Fax: _____

Home E-mail: _____

Office E-mail _____

Area of expertise, practice, or interest: _____

Software/applications you use: _____

Would you like to serve by teaching or writing: _____

Would you like to serve on a committee: _____

How did you learn about our Association?

Internet: _____ Publication: _____

Flyer: _____ Previous Member: Yes No

Referral Source: _____

Dues: \$60 per year (\$30 for retirees); renewable at anniversary date

Remit to:

Legal Secretaries International Inc.
c/o Elizabeth Harbolt, Director of Membership
400 W. Market Street, Suite 2300
Louisville, KY 40202

Questions:

Contact: Elizabeth Harbolt, KCLS, Membership Chair
[E-mail: membership@legalsecretaries.org](mailto:membership@legalsecretaries.org)
Telephone: 502.589.5980 x. 235

I hereby make application for membership in Legal Secretaries International Inc.

Signature: _____ Date: _____

____ Check Enclosed

____ I authorize you to charge my credit card indicated below for annual membership dues of \$ _____
There are no pro-rations for partial membership cancellation during the year.

____ Visa _____ MasterCard _____ Discover _____ American Express 3 or 4 digit security code _____

Card No. _____ Expiration Date: _____

Signature: _____ Date: _____