



# San Francisco Legal Professionals Association

## MEMBERSHIP RENEWAL FORM

For The Fiscal Year of May 1<sup>st</sup> Through April 30<sup>th</sup>

IT'S THAT TIME AGAIN! Please fill out the renewal form below and pay online or mail a hard copy along with your check for \$90 for active membership and \$60 for student / associate membership made payable to San Francisco Legal Professionals Association to: SFLPA Treasurer, P.O. Box 193054, San Francisco, CA 94119-3054.

For Active Members, your annual dues consist of \$90.00 for your SFLPA annual membership renewal. The payment covers your annual dues set by this association and a year of annual membership dues for Legal Professionals, Incorporated (LPI), 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](http://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 Certificate.
- 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 \$90.00 <input type="checkbox"/> Associate/Student \$60.00 <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:			
Birthday (MM/DD):			

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

Upon receipt of your completed application and your accompanying check, a membership certificate will be given to you. 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](http://www.sflpa.org). Thank you for your continued support as a member of the San Francisco Legal Professionals Association.