

# COLORADO ASSOCIATION OF LEGAL SUPPORT STAFF

## Membership Enrollment Form

Fiscal Year: September 1, 2019-August 31, 2020



### MEMBERSHIP IDENTIFICATION

New Member  Renewal

Chapter: Larimer-Weld ALSS

Member-at-Large  (No Local Chapter Available)

### MEMBER INFORMATION (PLEASE TYPE OR PRINT LEGIBLY)

Name:

Employer:

Employer address:

Employer phone: Fax:

Job title: How long in profession:

Email:

Specialty/Area of Expertise:

Certification: ALS  PLS  CP  RP  Other:

Home address:

Email:

Home phone: Cell phone: Birthday:

Preferred mailing address: Work  Home  Preferred email address: Work  Home

### MEMBERSHIP CATEGORIES

<i>Please select the membership category that applies to you (LWALSS add local dues amount to the state association dues for the total payment.)</i>	State Association Dues	Local Chapter Dues	Total Dues
<input type="checkbox"/> <b>ACTIVE:</b> Individuals employed as secretaries, legal assistants, staff, paralegals, administrators, or clerks in any law office; or individuals licensed to practice law, employed in the trust department of a bank or trust company or employed by any public or private entity directly engaged in work of a legal nature.	\$20.00	LWALSS \$10	\$ 20.00 + \$ _____ \$ _____
<input type="checkbox"/> <b>ACTIVE LIFE:</b> Individuals who have been Active members of this Association or any other professional association for legal support staff for a minimum of twenty (20) consecutive years. Active Life Members retain the same rights and privileges as Active Members.	\$20.00	LWALSS \$5	\$ 20.00 + \$ _____ \$ _____
<input type="checkbox"/> <b>ASSOCIATE:</b> Students or other interested individuals not directly employed in the legal field. Associate Members may not hold office or vote.	\$15.00	LWALSS \$5	\$ 15.00 + \$ _____ \$ _____

Contributions or gifts to the Colorado Association of Legal Support Staff are not deductible as charitable contributions for federal income tax purposes. However, payments may qualify as ordinary and necessary business expenses.

### SIGNATURE

I have completed the foregoing Membership Enrollment and wish to become a member of/renew my membership in the COLORADO ASSOCIATION OF LEGAL SUPPORT STAFF and the local affiliate chapter indicated above. Enclosed are my combined state and local dues in the total amount of \$ \_\_\_\_\_ payable to CALSS (see page 2 for additional information).

In addition to my annual membership dues, enclosed is \$ \_\_\_\_\_ as a contribution to the CALSS Scholarship Fund (**please make checks payable to CALSS Scholarship Fund**).

Signature of Member: \_\_\_\_\_ Date: \_\_\_\_\_

Name(s) of Sponsoring Member(s): \_\_\_\_\_

PLEASE MAIL THIS COMPLETED FORM, ALONG WITH YOUR MEMBERSHIP DUES CHECK PAYABLE TO CALSS TO P.O. BOX 276, FORT COLLINS, CO 80522 (SEE PAGE 2).

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***LARIMER-WELD ALSS***

DUES: Active – CALSS \$20 plus LWALSS \$10 = \$30

Active Life – CALSS \$20 plus LWALSS \$5 = \$25

Associate - CALSS \$15 plus LWALSS \$5 = \$20

(Dues 1/2 price after 3/1/20 – CALSS \$10, plus LWALSS \$5/\$2.50)

***MEMBERS-AT-LARGE***

Dues: Active/Active Life - \$20

Associate - \$15

(No local chapter dues)

(CALSS dues 1/2 price after 3/1/20 - \$10/\$7.50)

NOTE: Please make check payable to CALSS and submit to the address below.

Remit to: CALSS  
P.O. Box 276  
Fort Collins, CO 80522

If you have questions, contact Lisa L. Ritter, PLS - CALSS Treasurer  
Phone: 970-482-9770 Email: [lr Ritter@ftccolaw.com](mailto:lr Ritter@ftccolaw.com)

Revised August 2, 2019