

COLORADO ASSOCIATION OF LEGAL SUPPORT STAFF

Membership Enrollment
Fiscal Year: 2009 – 2010

New: _____
Renewal: _____ Member since _____

Chapter: _____ ALSS
Member at Large _____

Name: _____ Birthday: _____
Certification: ALS _____ PLS _____ CLA _____ CPS _____ Other: _____

Work: Employer: _____
Address: _____
Phone: _____ Fax: _____
e-mail: _____

Home: Address: _____
Phone: _____ Fax: _____
e-mail: _____ Cell: _____

Preferred mailing address: Work _____ Home _____
Preferred e-mail address: Work _____ Home _____

Job Title: _____ How long in legal profession: _____
Specialty/Area of Expertise: _____

Please select the membership category that applies to you: (please see local dues information on next page and add that amount to the state association dues for the total payment)	State Association Dues	Local Chapter Dues	Total Dues
<u>Active</u> : Individuals licensed to practice law, or engaged as secretaries, legal assistants, paralegals, administrators, or clerks in any law office; or employed in the trust department of a bank or trust company or any public or private entity directly engaged in work of a legal nature.	\$40.00	\$ _____	\$ _____
<u>Active Life</u> : 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.	\$25.00	\$ _____	\$ _____
<u>Associate</u> : Students or other interested individuals not directly employed in the legal field. Associate Members may not hold office or vote.	\$25.00	\$ _____	\$ _____
<u>Secondary</u> : Individuals who are members in good standing of any other CALSS-affiliated chapter or members-at-large. Secondary members may only vote, hold office, or serve as a delegate or alternate to any State meeting as a member of their primary chapter.	N/A	\$ _____	\$ _____

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 \$ _____ (see page 2 for amount of local chapter dues).

Date Signature

PLEASE MAIL COMPLETED FORM, ALONG WITH YOUR DUES CHECK PAYABLE TO YOUR LOCAL CHAPTER, TO THE APPROPRIATE ADDRESS (SEE PAGE 2). MEMBERS-AT-LARGE SUBMIT DUES DIRECTLY TO CALSS, P.O. BOX 2835, DENVER, CO 80201-2835.

Local Chapter Dues Information

**NOTE: Please make checks payable to your local chapter
and submit to the appropriate chapter treasurer listed below.**

Larimer-Weld ALSS

Dues: \$10 (Active)
\$5 (Active Life/Associate)

Remit to: Janet Knoll
2025 Harmony Dr.
Fort Collins, CO 80525
970.223.2827 (home)
wdmknoll@msn.com

Members-at-Large

No local chapter dues;

dues are remitted directly to CALSS
Remit to: CALSS
P. O. Box 2835
Denver, CO 80201-2835

Mile High ALSS

Dues: \$25 (Active)
\$15 (Active Life/Associate)

Remit to: Lynn Loner
MHALSS Treasurer
P.O. Box 2835
Denver, CO 80201-2835