



Legal Assistants/**P**aralegals of Southern West Virginia

An Affiliate of the National Association of Legal Assistants, Inc.

P.O. Box 11488

Charleston, West Virginia 25339

www.lapswv.org

MEMBERSHIP RENEWAL NOTICE

THIS FORM IS NOT TO BE USED FOR NEW MEMBER APPLICATION

Dues for membership in LAPSWV are due and payable on or before **July 1**. Please send your check in the appropriate amount payable to LAPSWV and a copy of this completed Notice to: Treasurer, LAPSWV, P.O. Box 11488, Charleston, WV 25339.

_____	Active Membership (voting)	\$30.00
_____	Provisional Membership (non-voting)	\$30.00
_____	Student Membership (non-voting)	\$20.00
_____	Sustaining Membership (non-voting)	\$50.00

INFORMATION

Name: _____ CLA _____ CP _____ ACP _____

Employer: _____

Business Address: _____

City, State, Zip: _____

Telephone: _____ Birth Date (month/year only): _____

E-Mail Address (**REQUIRED**): _____

Home Address (Optional): _____

Direct Mail to: _____ Home Address _____ Office Address

Primary Area of Practice: _____ Member Since: _____

What topics would you like to have covered at future seminars or Lunch and Learn meetings?

Please indicate a committee you are willing to join:

- | | | |
|--|--|--|
| <input type="checkbox"/> By-Law Review | <input type="checkbox"/> CLA Study Group | <input type="checkbox"/> Educational |
| <input type="checkbox"/> Finance | <input type="checkbox"/> Fundraising | <input type="checkbox"/> Membership |
| <input type="checkbox"/> Newsletter | <input type="checkbox"/> Public Relations | <input type="checkbox"/> Community Service |
| <input type="checkbox"/> Website | <input type="checkbox"/> 2010 Seminar Planning Committee | |

I reaffirm and agree to be bound by the National Association of Legal Assistants, Inc. (NALA) Code of Ethics and Professional Responsibility and the Bylaws adopted by Legal Assistants/Paralegals of Southern West Virginia ("LAPSWV").

Date: _____ Signature: _____

PLEASE NOTE: It is important to notify the organization of any information changes so that you will be informed of all events and continuing education opportunities. Please complete a change of address form (available on the website) and mail it to the address above, or e-mail the changes to the Membership Chair at secondvicepresident@lapswv.org.