



2017 MEMBERSHIP APPLICATION

I hereby make application for membership to the Palm Beach County Chapter of the Association of Legal Administrators, and acknowledge that:

- 1) National Membership: I certify that I am a member in good standing, and comply with all requirements of membership of the Association of Legal Administrators. My membership #:
2) Local Membership Dues: Enclosed is my check for annual membership dues in the amount of \$150.00* payable to Palm Beach County Chapter Association of Legal Administrators.
3) Membership Directory: Please complete my membership Directory Bio page with the below information:

SIGNED: Dated:

Printed Name Title:

Firm Name:

Firm Address:

Firm Website:

Work Email:

Direct Phone: Main Phone:

Firm Fax: Birthday Mth: Day:

Practice Areas:

Name of Person who referred you to the PBCALA:

I AM CONSIDERING JOINING ON A COMMITTEE Yes No Please contact me so we can discuss the different committees and what joining would entail.

Return this APPLICATION, along with PAYMENT* to:

Dina Lotz, PBCALA Membership Chair c/o - LaBovick, LaBovick & Diaz 5220 Hood Road, Suite 200 Palm Beach Gardens, Florida 33418

For questions, please contact Dina at: DLotz@LaBovick.com or via phone (561) 625-8311.

* Either a check or PayPal Invoice. We do not accept credit cards.