

**COLORADO ASSOCIATION OF LEGAL SUPPORT STAFF**  
**Membership Enrollment Form**

Fiscal Year: 2011-2012



MEMBERSHIP IDENTIFICATION				
New <input type="checkbox"/>		Renewal <input type="checkbox"/>		
Chapter:		Member since:		
Member at Large <input type="checkbox"/>		Where are you located?		
MEMBER INFORMATION				
Name:				
Employer:				
Employer address:				
Employer phone:		Fax:	Email:	
Job title:		How long in profession:		
Specialty/Area of Expertise:				
Certification: ALS <input type="checkbox"/> PLS <input type="checkbox"/> CLA <input type="checkbox"/> CPS <input type="checkbox"/> Other:				
Birthday:				
Home address:				
Home phone:		Cell phone:	Email:	
Preferred mailing address: Work <input type="checkbox"/> Home <input type="checkbox"/>		Preferred email address: Work <input type="checkbox"/> Home <input type="checkbox"/>		
MEMBERSHIP CATEGORIES				
<i>Please select the membership category that applies to you ( 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.	\$40.00	MHALSS \$25	LWALSS \$10	\$ _____
<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.	\$25.00	MHALSS \$15	LWALSS \$5	\$ _____
<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.	\$25.00	MHALSS \$15	LWALSS \$5	\$ _____
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 \$ _____ (see page 2 for additional information).				
In addition to my annual membership dues, enclosed is \$ _____ as a contribution to the CALSS Scholarship Fund ( <b>please make checks payable to CALSS Scholarship Fund</b> ).				
<b>Signature of Member:</b>				<b>Date:</b>

PLEASE MAIL THIS COMPLETED FORM, ALONG WITH YOUR MEMBERSHIP 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

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**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: Active - \$40 plus \$10 = \$50  
Active Life/Associate \$25 plus \$5 = \$30

Remit to: Lisa L. Ritter  
425 W. Mulberry Street, Suite 112  
Fort Collins, CO 80521  
(970) 482-9770

***MILE HIGH ALSS***

Dues: Active - \$40 plus \$25 = \$65  
Active Life/Associate - \$25 plus \$15 = \$40

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

***MEMBERS-AT-LARGE***

Dues: Active - \$40  
Active Life/Associate - \$25  
No local chapter dues

Dues are remitted directly to CALSS

Remit to: CALSS  
P.O. Box 2835  
Denver, CO 80201-2835

(970) 482-9770 – Lisa L. Ritter, PLS, CALSS Treasurer