

HAWAII LEGAL SUPPORT PROFESSIONALS

Secondary Membership Application



Name: _____ Certification: _____

Title: _____ Years in Position: _____

Firm Name: _____

Address: _____

Telephone: _____ Fax: _____ E-mail: _____

Home Address: _____

_____ Telephone: _____

Preferred mailing address: ___ Home ___ Business Date of Birth: _____
(month and day only)

Specialty Area(s)(check all that apply):

- | | | | |
|--|---|---------------------------------------|------------------------------------|
| <input type="checkbox"/> Civil Litigation | <input type="checkbox"/> Bankruptcy | <input type="checkbox"/> Criminal | <input type="checkbox"/> Family |
| <input type="checkbox"/> Personal Injury | <input type="checkbox"/> Workers' Comp | <input type="checkbox"/> Probate | <input type="checkbox"/> Maritime |
| <input type="checkbox"/> Consumer | <input type="checkbox"/> Discrimination | <input type="checkbox"/> Trust/Elder | <input type="checkbox"/> Insurance |
| <input type="checkbox"/> Real Estate | <input type="checkbox"/> Immigration | <input type="checkbox"/> Construction | <input type="checkbox"/> Corporate |
| <input type="checkbox"/> Other (please specify): _____ | | | |

Date: _____

Secondary Membership Dues: \$15.00 - Please enclose check payable to HLSP and return to:

HLSP
Secondary Membership
P.O. Box 692
Honolulu, HI 96809

HLSP use only: Renewal: Yes No

Application Received: _____

Membership Expires: _____