



## Membership Application

Thank you for your interest in joining LSSO and your time in completing this form.

### Name & title

Salutation: Mr. Mrs. Ms. Miss Dr.

First \_\_\_\_\_ MI \_\_\_\_\_ Last \_\_\_\_\_ Suffix \_\_\_\_\_

Title/job description \_\_\_\_\_

### Contact information

Firm / company \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Country \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_

Please create a password \_\_\_\_\_

### How did you find out about LSSO?\*

- |   |   |
|---|---|
| <input type="checkbox"/> Direct mail / Email      | <input type="checkbox"/> Media                    |
| <input type="checkbox"/> Website                  | <input type="checkbox"/> LSSO member or colleague |
| <input type="checkbox"/> From another association | <input type="checkbox"/> Other                    |

### Why did you join LSSO? (Choose all that apply)

- |  |                                     |
|--|-------------------------------------|
| <input type="checkbox"/> Education / Training    | <input type="checkbox"/> Networking |
| <input type="checkbox"/> Information / Resources | <input type="checkbox"/> Job Bank   |
| <input type="checkbox"/> Other:                  |                                     |

### About your firm / company

Do you work for a law firm?

- Yes  No

