

**CAPITOL CITY LEGAL PROFESSIONALS ASSOCIATION
ANNUAL RENEWAL (May 1, 2009 to April 30, 2010)**

PLEASE TYPE OR PRINT

NAME: _____
 ADDRESS: _____
 CITY: _____ ZIP: _____
 TELEPHONE NO.: _____
 EMPLOYER: _____
 ADDRESS: _____
 CITY: _____ ZIP: _____
 TELEPHONE NO.: _____
 FAX NO.: _____
 EMAIL ADDRESS: _____

BIRTH DATE (mo./day): _____

MAILING ADDRESS: _____ HOME _____ WORK

SELECT TYPE OF MEMBERSHIP:
 _____ REGULAR MEMBERSHIP \$30
 _____ STUDENT MEMBERSHIP \$25

TOTAL DUE \$30

(Breakdown Dues \$10 – CCLPA; \$20 per capita tax to LSI)

TOTAL DUE AFTER NOV. 1, 2009 \$25

(Breakdown Dues \$5 – CCLPA; \$20 per capita tax to LSI)

AMOUNT ENCLOSED: \$ _____

PLEASE MAIL TO

CAPITOL CITY LPA
 P. O. BOX 1481
 SACRAMENTO, CA 95812-1481

YOUR NAME WILL BE DROPPED FROM
 ACTIVE MEMBERSHIP EFFECTIVE JULY 1, 2009
 UNLESS YOU HAVE RENEWED YOUR DUES BY
 THAT DATE.

WHAT TYPE OF LAW OFFICE WORK DO YOU WORK IN:
 Please check all that apply.

<input type="checkbox"/> Appeals	<input type="checkbox"/> Legal Malpractice
<input type="checkbox"/> Bankruptcy	<input type="checkbox"/> Civil Litigation
<input type="checkbox"/> Construction defect	<input type="checkbox"/> Medical Malpractice
<input type="checkbox"/> Corporate law	<input type="checkbox"/> Personal injury
<input type="checkbox"/> Probate/Est. Planning	<input type="checkbox"/> Criminal
<input type="checkbox"/> Transactional	<input type="checkbox"/> Workers' Comp.
<input type="checkbox"/> Family law	<input type="checkbox"/> Federal
<input type="checkbox"/> Law Office Management	<input type="checkbox"/> State law
<input type="checkbox"/> Plaintiff	<input type="checkbox"/> Defense
<input type="checkbox"/> Other: Please specify: _____	

WHAT TOPICS WOULD YOU LIKE PRESENTED AT
 MEMBERSHIP MEETINGS:

IF SO, CAN YOU RECOMMEND A SPEAKER? PLEASE
 IDENTIFY: _____

WOULD YOU LIKE MORE INFORMATION ABOUT THE
 CCLS STUDY GROUP: Yes _____ No _____

ARE YOU A MEMBER OF ANY OF LSI'S LEGAL
 SPECIALIZATION SECTIONS? Yes No__

<input type="checkbox"/> Probate/Estate Planning	<input type="checkbox"/> Criminal
<input type="checkbox"/> Law Office Administration	<input type="checkbox"/> Family Law
<input type="checkbox"/> Civil Litigation	<input type="checkbox"/> Transactional

ARE YOU INTERESTED IN BEING ON THE CCLPA BOARD
 OR PARTICIPATE IN A COMMITTEE? Yes___ No___

If any specific position, please specify: _____

ARE YOU WILLING TO RECEIVE THE CAPITOL CITY
 CONNECTION BY EMAIL: Yes _____ No _____