



**MEMBERSHIP APPLICATION
KANSAS LEGAL PROFESSIONALS, INC.**

Member-at-Large

<input type="checkbox"/> New Active Member		Birthday (Month/Day):	
Applicant's Name:			
List any certification or designations held:			
Home Address:			
Home/Cell Phone:		Email Address:	
Preferred Mailing Address: <input type="checkbox"/> Home <input type="checkbox"/> Office			
Preferred Email Address: <input type="checkbox"/> Home <input type="checkbox"/> Office			
Office Name:		Title:	
Office Address:		Office Phone:	
Fax Number:			
Office Email Address:			
Focus Area(s) of Practice			
<input type="checkbox"/> Business/Corporate		<input type="checkbox"/> Probate/Estate Planning	
<input type="checkbox"/> Litigation		<input type="checkbox"/> Bankruptcy	
<input type="checkbox"/> Domestic		<input type="checkbox"/> Real Estate	
<input type="checkbox"/> Criminal		<input type="checkbox"/> Other _____	
I may be interested in serving on the following committees:			
<input type="checkbox"/> Advertising		<input type="checkbox"/> Finance	
<input type="checkbox"/> Audit		<input type="checkbox"/> Historian	
<input type="checkbox"/> Continuing Education		<input type="checkbox"/> Legal Professional of the Year	
<input type="checkbox"/> Credentials		<input type="checkbox"/> Nominations and Elections	
<input type="checkbox"/> Editor of Publication		<input type="checkbox"/> Scholarship	
<input type="checkbox"/> Employment Referral		<input type="checkbox"/> Webpage	
Dues			
<input type="checkbox"/> \$37 if joining May - Sept. <input type="checkbox"/> \$22 if joining Oct. - Dec. <input type="checkbox"/> \$12 if joining Jan. - April			
Applicant's Signature:		Date	
Approved:			
Make check payable to "Kansas Legal Professionals, Inc." and submit to current KLPI Treasurer			