



**LANCASTER BAR
ASSOCIATION**

**PARALEGAL/OFFICE ADMINISTRATOR
MEMBERSHIP APPLICATION**

Today's Date: _____ Birth Date: _____

(First Name)

(Middle Name)

(Last Name)

Law firm & mailing address:

Telephone: _____ Fax: _____

Work E-mail address: _____

Home Address:

Cell phone: _____ Personal E-mail address: _____

Emergency Contact: _____

Emergency Telephone: _____

Are you a Lancaster Area Paralegal Association (LAPA) member? Yes No



LANCASTER BAR ASSOCIATION

I wish to be included in the following sections:

- Child Dependency Law
- Civil Litigation (Trial Law)
- Corporate Business & Bankruptcy Law
- Criminal Law
- Elder Law
- Employment & Labor Law
- Estate Planning & Probate Law
- Family Law
- In-House Counsel
- Municipal, Zoning & Environmental Law
- Professionalism
- Real Estate Law
- Solo Practice
- Workers' Compensation and Administrative Law