



# Application

Page 1 of 5

Last Name: \_\_\_\_\_

## California Association of Legal Support Professionals

*(Formerly the California Association of Photocopiers and Process Servers)*

2520 Venture Oaks Way, Suite 150, Sacramento, CA 95833

916.239.4065 – phone 916.924.7323 – fax [www.calspro.org](http://www.calspro.org) [calspro@camgmt.com](mailto:calspro@camgmt.com)

### SECTION A – INTRODUCTION

Welcome to CALSPRO, formerly the California Association of Photocopiers and Process Servers (CAPPS). On October 6, 2007, CAPPS' members voted to change the association name to the California Association of Legal Support Professionals. This change was made to best represent the entire legal support profession within the California Legislature, the Judicial Council, and the California court system. Our new name better describes the business operations of each and every association member.

#### **Membership Category Descriptions:**

**Company Member** – Defined as a business entity meeting the requirements of the city and state in which they conduct business and shall be engaged in the process serving, court filing, photocopy, or attorney services business. Company members shall be allowed to advertise their company name in all association produced directories and publications. This member is not allowed to vote, hold any office, elected or appointed, and is not allowed to be a committee chairperson.

**Individual Member** – Individual members shall be an individual engaged in the process serving, court filing, photocopy, or attorney service business. Individual members shall be qualified to be a Registered Process Server or Photocopier under the provisions of the Business and Professional Code of the State of California. Individual members will not be allowed to advertise a company name of any kind unless the Individual membership is attached to a Company membership. Individuals shall be entitled to a listing in the association Membership Directory under the Individual member section which will list their name, address, telephone, fax and email only. This member shall have the right to vote, hold office, elected or appointed, and chair any committee. Individual membership in this Association is not transferable.

**Associate Member** – Any person who is involved in the process serving, photocopy or attorney service business outside the State of California.

**Vendor Member** – Vendor members shall be any company associated with the process serving, court filing, photocopy, or attorney service industry, except owners, partners or stockholding corporate officers of process serving, photocopy or attorney service firms.

We are excited about the many opportunities that lie ahead. We look forward to your active participation and involvement so that we can work together to **protect, promote and preserve** our profession, foster the growth of our businesses, and to continue to advance the importance of the association. Thank you and we look forward to your membership and involvement!

# Application

Page 2 of 5

Last Name: \_\_\_\_\_

## SECTION B – GENERAL INFORMATION

Company Name: \_\_\_\_\_

Individual Name: \_\_\_\_\_

Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Referred By: \_\_\_\_\_

Please check if applicable:

**Process Server** Registration #: \_\_\_\_\_ County: \_\_\_\_\_ Exp.: \_\_\_\_\_

**Photocopier** Registration #: \_\_\_\_\_ County: \_\_\_\_\_ Exp.: \_\_\_\_\_

Business License: Type: \_\_\_\_\_ Number: \_\_\_\_\_

**(Important: Please attach a copy of the business license, exemption of business license and registration certificates.)**

Number of years in process/photocopy business: \_\_\_\_\_ U.S. Citizen?  Yes  No

Date of Birth: \_\_\_\_\_ Number of years a California resident (if applicable): \_\_\_\_\_

Have you ever been convicted of a felony or misdemeanor involving moral turpitude?  Yes  No

**(If yes, please attach separate sheet giving full information)**

Are you an owner, officer or partner of a process serving/photocopy firm?  Yes  No

If so, position: \_\_\_\_\_

## SECTION C – SELECT YOUR MEMBERSHIP CATEGORY OR CATEGORIES

Please check the appropriate boxes below for your membership.

Note, for example:

- If you wish to participate in the pouch program, you should check Company membership.
- If you wish to vote and/or hold office and not participate on the pouch, you should check Individual membership.
- If you wish to be on the pouch and vote and/or hold office, you should check both the Company and Individual categories.
- For dues paying purposes, only one company membership is required in order to allow all Individual members of that company to be associated with that company.

MEMBERSHIP CATEGORY SELECTION:	<input type="checkbox"/> COMPANY \$500 Annual Dues	<input type="checkbox"/> INDIVIDUAL \$200 Annual Dues	<input type="checkbox"/> ASSOCIATE \$100 Annual Dues	<input type="checkbox"/> VENDOR \$350 Annual Dues
Allowed to Vote	No	Yes	No	No
Allowed to Hold Office	No	Yes	No	No
Entitled to Privileges (Newsletter, Directory)	Yes	Yes	Yes	Yes
Eligible to Attend Events as a Member	Yes	Yes	Yes	Yes
Eligible to Sit on a Committee	Yes	Yes	Yes	Yes
Eligible to Serve as a Committee Chair	No	Yes	Yes	Yes
Roster Listing – Enhanced*	Yes	No	No	No
Roster Listing – Standard*	n/a	Yes	Yes-w/Co Name Only	Vendor Section
Pouch	Yes	No	No	Yes

# Application

Page 3 of 5

Last Name: \_\_\_\_\_

## SECTION D – MEMBERSHIP ROSTER DEFINITIONS

### **Definition of roster listings for both the printed and online rosters:**

#### **\*Enhanced:**

Company Name	Hours of Service
Individual Member Names Attached to the Company	Services Offered
Street Address	Other Services/Special Information
Mailing Address	Counties Served
Phone, Fax, E-mail, Web Site	Pouch Number

#### **\*Standard:**

Individual Member Name	Mailing Address
Street Address	Phone, Fax, E-Mail

## SECTION E – YOUR ROSTER INFORMATION

The following information must be completed in order to be listed in the hardcopy directory and the on-line directory. Information must be typewritten or printed legibly.

Primary listing under which county: \_\_\_\_\_

Listing in Additional Counties (@ \$100.00 per county):

(1) \_\_\_\_\_ (2) \_\_\_\_\_ (3) \_\_\_\_\_  
(4) \_\_\_\_\_ (5) \_\_\_\_\_ (6) \_\_\_\_\_

The information that appears on this form will contain your listing in the roster. Please note, a street address must be listed in addition to a P.O. Box.

Please check the appropriate listing and provide all appropriate information.

### **For Company Membership, the following information will be listed:**

Company: \_\_\_\_\_

Contact Name: \_\_\_\_\_ County: \_\_\_\_\_

Street Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_ Web site: \_\_\_\_\_

Services offered:

**PS** – Process Server (*attach registration*)     **CRS** – Court Records Search     **PI** – Private Investigation  
 **CF** – Court Filing     **SP** – Subpoena Preparation (*attach license*)  
 **ST** – Skip Tracing     **PC** – Photocopying (*attach registration*)

Hours of Operation: \_\_\_\_\_

Other Services (Limit 25 words): \_\_\_\_\_

Special Information (Limit 25 words): \_\_\_\_\_

Counties Served (Limit 250 characters): \_\_\_\_\_

\_\_\_\_\_

# Application

Page 4 of 5

Last Name: \_\_\_\_\_

**For Individual Membership, the following information will be listed:**

Individual Name: \_\_\_\_\_ County: \_\_\_\_\_

Street Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_ Attach to a Company Listing?  Yes  No

(If Yes, provide Company Name and City): \_\_\_\_\_

**For Associate Membership, the following information will be listed:**

Company: \_\_\_\_\_

Contact Name: \_\_\_\_\_ County: \_\_\_\_\_

Street Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_ Web site: \_\_\_\_\_

Services offered:

**PS** – Process Server (*attach registration*)

**CRS** – Court Records Search

**PI** – Private Investigation

**CF** – Court Filing

**SP** – Subpoena Preparation

(*attach license*)

**ST** – Skip Tracing

**PC** – Photocopying (*attach registration*)

Hours of Operation: \_\_\_\_\_

Other Services (Limit 25 words): \_\_\_\_\_

Special Information (Limit 25 words): \_\_\_\_\_

Counties Served (Limit 250 characters): \_\_\_\_\_

**For Vendor Membership, the following information will be listed:**

Company: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_ Web site: \_\_\_\_\_

## SECTION F – PAYMENT INFORMATION

Membership dues are due annually on January 1. Pro-ration of membership dues is available in the *second* year of membership; please contact the office for further details.

Company Member: \$500.00

Vendor Member: \$350.00

Individual Member: \$200.00

Associate Member: \$100.00

Annual Membership Dues for \_\_\_\_\_ Category: \$ \_\_\_\_\_

Additional Membership Dues for \_\_\_\_\_ Category: \$ \_\_\_\_\_

\$ \_\_\_\_\_

Additional Listing(s) @\$100.00 each x \_\_\_\_\_ \$ \_\_\_\_\_

TOTAL CHECK: \$ \_\_\_\_\_

**MORE ►**

# Application

Page 5 of 5

Last Name: \_\_\_\_\_

**TOTAL CHARGE:** \$ \_\_\_\_\_

Check Enclosed, payable to CALSPro, in the Amount of the Total Check Line

Credit Card Charge in the Amount of the Total Charge Line

VISA       MASTERCARD       AMEX

Account #: \_\_\_\_\_ Exp.: \_\_\_\_\_

Credit Card Verification Code: \_\_\_\_\_ Billing Zip Code: \_\_\_\_\_

Print Name on Card: \_\_\_\_\_

Signature: \_\_\_\_\_

*Please submit your completed application and all fees to:*

**California Association of Legal Support Professionals (CALSPro)**

2520 Venture Oaks Way, Suite 150, Sacramento, CA 95833

916.239.4065 - Phone, 916.924.7323 – Fax

[calspro@camgmt.com](mailto:calspro@camgmt.com)      [www.calspro.org](http://www.calspro.org)

## SECTION G – ACKNOWLEDGEMENT

- I agree to authorize the California Association of Legal Support Professionals (CALSPro) to investigate the statements made on this application and my qualifications for membership.
- I agree to preserve the confidentiality of communications from the association, and further agree to not distribute to non-members without the advance written permission of the association.
- I agree that upon accepting membership in the California Association of Legal Support Professionals, to abide by the Bylaws and Code of Ethics as a condition of my membership and continued membership herein.
- I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct and that this declaration was executed:

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**THANK YOU!**

**California Association of Legal Support Professionals (CALSPro)**

**[www.calspro.org](http://www.calspro.org)**

*Contributions or gifts (including membership dues) to CALSPro are not tax deductible as charitable contributions. Pursuant to the Federal Reconciliation Act of 1993, association members may not deduct as ordinary and necessary business expenses, that portion of association dues dedicated to direct lobbying activities. Based upon the calculation required by law, 25.5% of the dues payment only should be treated as nondeductible by CALSPro members. Check with your tax advisor for tax credit/deduction information.*