



LATINO COMP MEMBERSHIP/RENEWAL FORM

All prospective members of Latino Comp are required to complete this registration form. Indicate any changes; Membership runs from January 1st – December 31st. **NEW MEMBERSHIP** **RENEWAL** **Changes for directory?**

SECTION 1: MEMBER CONTACT INFORMATION

TITLE	<input type="checkbox"/> Mr	<input type="checkbox"/> Mrs	<input type="checkbox"/> Miss	<input type="checkbox"/> Ms	<input type="checkbox"/> Doctor	<input type="checkbox"/> Judge
NAME						
ADDRESS 1					MAIN TELEPHONE	
ADDRESS 2					WORK TELEPHONE (if different)	
ADDRESS 3					MOBILE PHONE	
CITY					PRIMARY EMAIL	
ZIP CODE					SECONDARY EMAIL	
JOB TITLE:					WEBSITE	

*Star the e-mail and phone number you would like listed in the directory

SECTION 2: MEMBERSHIP TYPE AND PAYMENT DETAILS

MEMBER TYPE	DESCRIPTION	MEMBERSHIP DUES (Annual)	Please Check
GENERAL	General Membership (non-voting membership)	\$100.00	
GROUP	Any Non-Law Firm Group Membership	\$250.00	
STUDENT/RETIRED	Full time students and Retired Latino Comp Members	\$20.00	
	For Membership descriptions see website https://latinocomp.org/members		
PAYMENT METHOD	<input type="checkbox"/> Business Check <input type="checkbox"/> Personal Check <input type="checkbox"/> Online Payment <input type="checkbox"/> Credit Card		
CREDIT CARD DETAILS	Credit Card #		
	Exp Date:		
	CVC Code:		
	Billing Zipcode:		

SECTION 3: MEMBER INFORMATION

OCCUPATION / JOB TITLE / STATE BAR NUMBER:
If applicable, which WCABs do you visit?
What other professional organizations do you belong to?
Would you like to speak at a Latino Comp Meeting or Event? <input type="checkbox"/> Yes <input type="checkbox"/> No Would you like to serve on a Latino Comp Committee? <input type="checkbox"/> Yes <input type="checkbox"/> No
Permission to use photographic images: Photographs of Latino Comp members may be used in various Latino Comp communications include the newsletter and website. Group photographs taken at Latino Comp events may be used without identifying individual members. For individual photographs, please indicate your permission for use: _____ Latino Comp has my permission to use and identify photographs of me. _____ Latino Comp does not have permission to use and identify photographs of me.

To pay online: Go to <https://squareup.com/store/latino-comp/>

To pay by check: Send a check made payable to Latino Comp, PO Box 75398, Los Angeles, CA, 90075

Regardless of payment method used, please **make sure to send a copy of your membership form** to admin@latinocomp.org or fax to (323) 927-1973. Any questions please call (916) 267-1129

Date: _____ **Signature:** _____

GET CONNECTED to Latino Comp Social Media Pages

Facebook (you must like our page <http://www.facebook.com/LatinoComp> to receive notifications)

LinkedIn (you must follow our page <http://www.linkedin.com/groups/Latino-Comp-6575718> to receive notifications)