



# MEMBERSHIP/RENEWAL FORM

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

## SECTION 1: MEMBER CONTACT INFORMATION

<b>TITLE</b>	<input type="checkbox"/> Mr	<input type="checkbox"/> Mrs	<input type="checkbox"/> Ms	<input type="checkbox"/> Doctor	<input type="checkbox"/> Other
<b>NAME</b>					
<b>COMPANY</b>				<b>SHIRT SIZE</b>	
<b>ADDRESS 1</b>				<b>WORK PHONE</b>	
<b>ADDRESS 2</b>				<b>MOBILE PHONE</b>	
<b>CITY</b>				<b>PRIMARY EMAIL</b>	
<b>ZIP CODE</b>				<b>SECONDARY EMAIL</b>	
<b>JOB TITLE:</b>				<b>WEBSITE</b>	

\*Star the e-mail and phone number you would like listed in the directory  
Primary email will have access to [www.latinocomp.org](http://www.latinocomp.org) website

## SECTION 2: MEMBERSHIP TYPE AND PAYMENT DETAILS

MEMBER TYPE	DESCRIPTION	MEMBERSHIP DUES (Annual)	Please Check
<b>GENERAL</b>	General Membership (non-voting membership)	\$125.00	
<b>GROUP</b>	Any Non-Law Firm Group Membership (5 staff from same office – APPLICATION FOR EACH REQUIRED)	\$300.00	
<b>STUDENT / RETIRED</b>	Full Time Law Students, Retired LatinoComp Members	\$20.00	
<b>PAYMENT METHOD</b>	<input type="checkbox"/> Check <input type="checkbox"/> Credit Card <i>completed below</i> <input type="checkbox"/> Online Payment <input type="checkbox"/> Bill Me		
<b>CREDIT CARD DETAILS</b>	Credit Card #		
	Exp Date:		
	CVC Code:		
	Billing Zip Code:		

## SECTION 3: MEMBER INFORMATION

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

**To pay online:** Go to <https://squareup.com/store/latinocomp/>

**To pay by check:** Send a check made payable to LatinoComp, PO Box 32570, Los Angeles, CA, 90032

Regardless of payment method used, please **make sure to send a copy of your membership form to - [admin@latinocomp.org](mailto:admin@latinocomp.org)** . Any questions please call (916) 267-1129

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

**SOCIALIZE WITH US - @LatinoComp**



-For internal use only-  
Date joined:  
Processed: