



All prospective members of LatinoComp 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"/> Ms <input type="checkbox"/> Doctor <input type="checkbox"/> Other		
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
Primary email will have access to www.latinocomp.org website

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 (up to 5 staff from same office)	\$250.00	
STUDENT / RETIRED	Full Time Law Students, Retired LatinoComp Members	\$20.00	
PAYMENT METHOD	<input type="checkbox"/> Check <input type="checkbox"/> Credit Card <i>completed below</i> <input type="checkbox"/> Online Payment <input type="checkbox"/> Bill Me		
CREDIT CARD DETAILS	Credit Card #		
	Exp Date:		
	CVC Code:		
	Billing Zip Code:		

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 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
Permission to use photographic images: 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 or fax to (323) 927-1973. Any questions please call (916) 267-1129

Date: _____ **Signature:** _____

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