



# Sacramento Legal Professionals Association Name/Address Change Reporting Form

Please fill out this form to let us know the changes you would like to make to your membership record.

## CHANGES IN MEMBER INFORMATION (PLEASE PRINT LEGIBLY):

NAME: \_\_\_\_\_

FORMER NAME: \_\_\_\_\_

NEW EMPLOYER: \_\_\_\_\_

BUSINESS ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_

STATE & ZIP: \_\_\_\_\_

BUSINESS PHONE: \_\_\_\_\_

FAX: \_\_\_\_\_

BUSINESS E-MAIL: \_\_\_\_\_

NEW HOME ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_

STATE & ZIP: \_\_\_\_\_

HOME E-MAIL: \_\_\_\_\_

## CHANGE IN SPECIALTY:

<input type="checkbox"/> Administrative Law	<input type="checkbox"/> Appellate Law	<input type="checkbox"/> Arbitration
<input type="checkbox"/> Business/Corporate Law	<input type="checkbox"/> Criminal Law	<input type="checkbox"/> Family Law
<input type="checkbox"/> Law Office Management	<input type="checkbox"/> Litigation	<input type="checkbox"/> Probate/Estate Planning
<input type="checkbox"/> Real Estate	<input type="checkbox"/> Taxation	<input type="checkbox"/> Other: _____

## CHANGES TO MAILING/LISTING INFORMATION:

Where do you want *The Legal Eagle* and other SLPA/LPI mail delivered? (check one)

<input type="checkbox"/> Business	<input type="checkbox"/> Home
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Where do you want e-mail delivered? (check one) [This includes publications of *The Legal Eagle* and *The Legal Professional*]

<input type="checkbox"/> Business	<input type="checkbox"/> Home
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Please submit to:

Attn: Brenda Johnson, CCLS  
 Sacramento LPA Vice President  
 988 Posey Street  
 Galt, CA 95632  
 E-mail: [vicepresident@saclpa.org](mailto:vicepresident@saclpa.org)

cc: Via email only  
 Sacramento LPA Treasurer  
[treasurer@saclpa.org](mailto:treasurer@saclpa.org)