STATE BAR OF MICHIGAN
LEGAL ADMINISTRATOR AFFILIATE MEMBER APPLICATION
REQUIREMENTS FOR MEMBERSHIP

In accordance with Article I - Membership, Section 7 of the State Bar of Michigan Bylaws, any person who has received a Baccalaureate Degree and/or a combination of Associate Degrees with two years of professional experience in the field of legal administration currently employed or retained by a lawyer, law office, governmental agency or other entity engaged in the practice of law, to exercise management responsibility for one or more of the six functions illustrated below, may upon submitting proof thereof at the time of application and annually thereof, become a Legal Administrator Affiliate Member of the State Bar of Michigan.

Qualifying functions for Legal Administrator Affiliate Members of the State Bar of Michigan include:

1) General Management, including management of a majority of the following activities: policy making, strategic and tactical planning, business-development, business continuation, risk management, quality control, organizational development and other general management functions beyond mere attendance at management meetings.

2) Financial Management, including management of a majority of the following activities: planning, forecasting, budgeting, variance analysis, financial reporting, operations analysis, general ledger accounting, rate determination, billing and collections, cash flow control, banking relationships, investment, tax planning, tax reporting, trust accounting, payroll, ERISA accounting, and other financial management functions beyond mere record keeping.

3) Human Resource Management, including management of a majority of the following activities for the legal, paralegal and support staff: recruiting, selection, placement, orientation, training and development, performance evaluation, salary administration, employee relations, motivation, counseling, disciplining, discharging, benefits administration, workers’ compensation, personnel data systems, organizational analysis, job design, resource allocation, and other human resource management functions beyond mere record keeping.

4) Systems Management, including management of a majority of the following activities: systems analysis, operational audits, procedural handbooks, cost/benefit analysis, computer systems design, programming and systems development, information services, records management, library management, office automation, document construction systems, information storage and retrieval, telecommunications, litigation support, legal practice systems and other systems management functions beyond mere procedures manuals and computer program documentation.

5) Facilities Management, including management of a majority of the following activities: space planning and design, office renovation, purchasing, reprographics, records management, reception/switchboard services, telecommunications, mail, messenger and other facilities management functions beyond mere purchase order processing.

6) Practice Management, including management of one or more of the following activities: lawyer recruiting, lawyer training and development, legal assistant supervision, practice development, marketing, public relations, advertising, work product quality control, professional standards, substantive practice systems, and other practice management functions beyond mere recordkeeping and press release writing.

INSTRUCTIONS:

1) Type or print answers except as otherwise directed. Illegible or incomplete answers may result in the disqualification of your application.

2) You must answer each question; if a question does not apply to you, please write “Not Applicable” or “None” as your response.

PLEASE RESPOND:

I am applying for affiliate membership under the definition of legal administration contained within paragraph number ___ , as listed in the qualifications for membership above.
Part I - Identification

1. _______________________________________________________________________________________
   Last Name                                                                              First Name                                                       M.I.

2. _______________________________________________________________________________________
   Firm Name (DO NOT ABBREVIATE)

   Employer Address:   Street

   _______________________________________________________________________________________
   City                                                                                    County                                          State       Zip

3. _______________________________________________________________________________________
   Telephone Number including area code                                                             Email Address (REQUIRED)

The address and contact information you supply here will be used for all official communications. It must be one at which mail will reach you promptly. You are responsible for providing timely written notice of any change in your address, telephone number, or e-mail to:

State Bar of Michigan
Dues Department
306 Townsend Street
Lansing, MI 4933-2012

Gender and Ethnic Identification

☐ Male _____  ☐ Female___

☐ American Indian      ☐ Asian      ☐ African American      ☐ Caucasian      ☐ Hispanic      ☐ Other

Part II–Employment Background

4. Indicate in reverse chronological order all full-time employment where you were employed as defined in qualifications for membership (begin with your most recent status).

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<th>Employer</th>
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Part III–Educational Background

5. College/University
   Mo./Yr. to Mo./Yr.  City and State  Major  Degree Granted
   ____________________________  ____________________________  ____________________________  ____________________________
   ____________________________  ____________________________  ____________________________  ____________________________
   ____________________________  ____________________________  ____________________________  ____________________________

6. Other Educational Achievements

7. If any of the documents substantiating the above information show a different name other than the one by which you are now known, please list the names and reasons:

   ________________________________________________________________

8. Professional Affiliations
   Name of Organization ____________________________ Current Member: Yes □  No □
   Name of Organization ____________________________ Current Member: Yes □  No □
   Name of Organization ____________________________ Current Member: Yes □  No □

The answers contained in this application are to be considered as continuing to be true from the date of this application until the date of my admission as a legal administrator affiliate member of the State Bar of Michigan, and if any answer or portion of an answer ceases to be true, I acknowledge that I have a continuing obligation to inform and will immediately so inform the State Bar of Michigan at the below address. I understand that if I become unemployed within the definitions of qualifications of membership for the Legal Administrators Section for a period exceeding ninety (90) days, I acknowledge my membership of this Section will cease.

Signature of Applicant                               Date

Part IV–Dues Information

Please make your check payable to the State Bar of Michigan in the amount of $75.00 ($50 for general bar dues and $25 for Law Practice Management & Legal Administrator Section dues). These dues cover the period of October 1st through September 30th and are to be paid by December 31st to maintain membership in the Section.

Enclosed is my check # _________ for $ ________ Make checks payable to: State Bar of Michigan and mail completed applications to State Bar of Michigan, Dues Dept., Michael Franck Building, 306 Townsend Street, Lansing MI 48933-2012.

This space for dues processing use only.
  □ Approved  □ Disapproved  Date: ____________ By: ____________