

FLORIDA NELA LISTSERVE APPLICATION

www.floridanela.org

Name _____

Firm/Organization _____

Address _____

City _____, State _____, Zip Code _____

Phone (____) _____ Fax (____) _____ Email _____

Listserve participation is conditioned upon dues being current, as well as approval by current listserve participants and compliance with the Listserve Chat Rules and the organization's By Laws.

Dues automatically renew and are due and payable on or before May 1st of each year.

Email Address for Listserve: _____

- For technical reasons, the email address you use must be the same address from which you send and receive email

Desired Username for Listserve: _____

- Your Username can be any combination of letters and numbers, but not symbols, *up to 10 characters*

Desired Password for Listserve: _____

- Your Password can be any combination of letters and numbers, but not symbols, *up to 10 characters*.

Verify the percentage of your employment practice attributable to representing plaintiffs:

_____ %

SEND THIS COMPLETED FORM TO:

VIA EMAIL (preferred): listservemoderator@floridanela.org

VIA U.S. Mail: Florida NELA
c/o Ephraim R. Hess, Listserve Moderator
2924 Davie Road, Suite 202
Davie, FL 33314

You *must* be a current dues-paid member of Florida NELA before the chapter will consider you for listserve privileges. Applicants for listserve privileges must be approved by the current listserve members before listserve privileges are granted. Once activated, you can send email to the listserve at: listserv@floridanela.org

Participation in the listserve is subject to membership approval, our By Laws and our Listserve Rules. You can download both of these documents from the following web page <http://www.floridanela.org/join.php> You can lose listserve privileges by violating these rules, failing to maintain your membership in Florida NELA, failing to qualify for membership or by decision of the Executive Board.

You can download this form and the Application for chapter membership at www.floridanela.org.

CERTIFICATION

By your signature below, you verify that the information in this application is accurate and that you have read and agree to the terms and conditions of chapter membership and listserve privileges as set forth in the By Laws and Listserve Chat Rules.

Signature

Date