

MEMBER PROFILE

NAME: _____

TITLE: _____

FIRM: _____

PHONE: _____ FAX: _____

E-MAIL ADDRESS: _____

NUMBER OF ATTORNEYS: _____

NUMBER OF LEGAL ASSISTANTS: _____

NUMBER OF SUPPORT STAFF: _____

FIRM PRACTICE AREAS: _____

TELEPHONE SYSTEM: _____

COPIERS: _____

WORD PROCESSING:

Equipment: _____

Software: _____

Networked: _____

DATA PROCESSING: _____

Equipment: _____

Software: _____

Year in which you joined your firm: _____

Home phone number, restricted?: _____

Married/Single: _____

Birthday (optional) Month: _____ Day: _____

Children's names and ages: _____

Outside interests/hobbies: _____
