



**LPI**

*Educating California's  
Legal Support Professionals*

# LPI 100 PERCENT CLUB CERTIFICATION

FIRM \_\_\_\_\_

MANAGER \_\_\_\_\_

# OF SUPPORT STAFF \_\_\_\_\_

PHONE NO \_\_\_\_\_

EMAIL \_\_\_\_\_

ADDRESS \_\_\_\_\_

Name of Support Staff	Date Joined LPI

Please attach additional page if needed to list more support staff

## Certification

I, \_\_\_\_\_, certify that I am the office/personnel manager for the above-listed firm/office, that the number of support staff listed is true and correct, and all are current members of Legal Professionals, Incorporated.

Dated: \_\_\_\_\_

\_\_\_\_\_  
Signature

Attest:

Dated: \_\_\_\_\_

\_\_\_\_\_  
Affirming LPI Member Name & Signature

THIS FORM MUST BE COMPLETED AND RETURNED TO DONNA DAY, LPI VICE PRESIDENT,  
NO LATER THAN FEBRUARY 1, 2023, AT VICEPRESIDENT@LEGALPROFESSIONALSINC.ORG