

ATTESTATION FORM

Active Membership

ATTORNEY / EMPLOYER ATTESTATION: This section must be completed by all applicants qualifying under requirements 4, 5, 6 or 7.

I hereby attest that _____
is employed by me and meets the qualifications for Active Membership in
Legal Assistants of Wyoming, as listed under requirement number _____.

Name of Attorney / Employer: _____

Signature: _____ Date: _____

Student Membership

SCHOOL ATTESTATION: This section must be completed by all applicants qualifying under requirements 1 or 2. To be completed by school program director or instructor.

School: _____

Address: _____

I hereby attest that _____
is currently enrolled in courses at the school named above and meets the
qualifications for Student Membership in Legal Assistants of Wyoming, as listed under
requirement number _____.

Name of Program Director: _____

Signature: _____ Date: _____