

**GOLDEN GATE CHAPTER ASSOCIATION OF LEGAL ADMINISTRATORS
SALARY AND BENEFIT SURVEY ORDER FORM**

For Period Ending July 1, 2025

The results of the entire Bay Area survey are compiled and published in a Bay Area report. In addition, the San Francisco, East Bay, and South Bay regional report results are included. Prices listed below include the full Bay Area report, three local reports and the benefit supplemental.

Prices vary according to the size of your firm. Firms with multiple offices should order according to the size of their total Bay Area attorneys and submit multiple surveys based on the office locale.

Number of Attorneys in Firm	Early-Bird Participant* Order Received By July 17	Participant* Order Received After July 17	Non-Participant
1-10	\$330 <input type="checkbox"/>	\$390 <input type="checkbox"/>	\$ 525 <input type="checkbox"/>
11-20	\$460 <input type="checkbox"/>	\$545 <input type="checkbox"/>	\$ 790 <input type="checkbox"/>
21-50	\$610 <input type="checkbox"/>	\$720 <input type="checkbox"/>	\$1,050 <input type="checkbox"/>
51-100	\$780 <input type="checkbox"/>	\$860 <input type="checkbox"/>	\$1,310 <input type="checkbox"/>
101-150	\$870 <input type="checkbox"/>	\$1,025 <input type="checkbox"/>	\$1,575 <input type="checkbox"/>
Over 150	\$1,010 <input type="checkbox"/>	\$1,195 <input type="checkbox"/>	\$1,700 <input type="checkbox"/>

Amount Enclosed: \$ _____

First time purchasers (firms, not individuals) may reach out to the Salary Survey Chair about a discount off purchase price.

I would also like the Bay Area report in an excel format.

I wish to participate in the Survey but do not want to purchase a survey.

The individual who completes this form will be listed as the Primary Firm Contact and will receive the Survey results. If completing the Survey for more than one office, please complete the address for each office. If the Primary Contact is not the person completing the Survey, please also provide the name and contact information for the person completing the survey. If multiple individuals will be completing the Survey for their respective office, please provide all name and contact information.

Number of attorneys in local office: _____ Local Office: SF <input type="checkbox"/> East Bay <input type="checkbox"/> South Bay <input type="checkbox"/> Golden Gate Chapter ALA Member: Yes <input type="checkbox"/> No <input type="checkbox"/> Please fill out below or attach business card. Survey questionnaires and results will be sent to the person listed below: Name: _____ Title: _____ Firm Name: _____ Address: _____ City, State, Zip: _____ Phone No.: _____ E-mail: _____	<p align="center">We encourage participants to pay using a credit card by logging on to: http://alASF.org/content.php?page=Salary_Survey</p> <hr/> <p align="center"><i>If you must pay by check, please make payable to:</i> GOLDEN GATE CHAPTER ALA</p> <p align="center"><i>Mail order form and check to:</i> GGC ALA Treasurer Golden Gate Chapter ALA PO Box 19-2265 San Francisco, CA 94119 Also email a copy of the order form to: GGCALASurvey@rsmus.com</p> <hr/> <p align="center">Order form must be fully completed to receive survey results.</p>
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***Participant must complete at least 75% of survey.**