



NEW MEMBER APPLICATION

Check One

- VOTING:** Any person employed as a paralegal, no less than 20 hours per week, who performs substantive legal work that requires knowledge of legal concepts and is customarily, but not exclusively, performed by a lawyer and, may be retained or employed by a lawyer, law firm, government agency, court or other entity and who meets one of the following requirements: 1) one year of work experience as a paralegal; and/or 2) six months of work experience as a paralegal and successful completion of a formal paralegal training program. Voting membership requires that a paralegal's work be supervised by an attorney.
- NON-VOTING:** Any person who would otherwise qualify as a Voting Member, except as follows: insufficient length of work experience, and/or currently unemployed (for more than ninety days), and/or works less than twenty hours per week. Any paralegal who is currently not employed as a paralegal for whatever reason, but who would otherwise qualify as a Voting Member, may join as a Non-Voting Member.
- STUDENT:** Any person currently a student enrolled in a paralegal program or other related educational program in an accredited college or university. A Student Member shall not be entitled to vote.

Name: _____

Email: _____

Home Address: _____ City: _____ State: _____ Zip Code: _____

Where would you like your mailings sent? (home or work): _____

Current Employer: _____ Supervisor: _____

Work Address: _____ City: _____ State: _____ Zip Code: _____

Work Phone: _____ Work Fax: _____

Your Title: _____ Areas of Specialization: _____

Hire Date: _____ Total Years Employed as a Paralegal: _____

Is your work supervised by an Attorney: _____

Please describe your current job responsibilities in detail: _____

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If less than one year at current employment:

Previous Employer: _____ Supervisor: _____

Work Address: _____ City: _____ State: _____ Zip Code: _____

Work Phone: _____ Work Fax: _____

Your Title: _____ Areas of Specialization: _____

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Paralegal Training: Structured – Yes or No

Name of Institution: _____ Degree: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Are you currently a student?: _____ Graduation/Anticipated Graduation Date: _____

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Do you do secretarial work? _____ If yes, what percentage of your time is spent on **client matters**? _____ Is your time charged to clients? _____

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Please make any comments that you believe will assist the Membership Committee in evaluating your application: _____

Please provide us with the name and contact information of an individual that we may contact in order to obtain any additional information the Membership Committee may need.

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Choose a committee(s) to serve on:

___ Special Events ___ Fundraising ___ Wherever Needed

