

LAPA Membership Renewal Form

Year: June 1, 2018 to May 31, 2019

A. Check the appropriate membership classification:

Paralegal (voting) **All four (4) requirements must be met** \$45.00

This membership is open to an individual:

- Currently employed as a paralegal; and is
- Qualified through education, training, or work experience, defined as:
 - Degree or Certificate awarded in the field of paralegal studies and a minimum of six (6) months of substantive paralegal experience, OR
 - Three (3) years of substantive legal work experience if applicant does not have a degree or certificate relating to paralegal studies; and
- Performs substantive legal work requiring knowledge of legal concepts and ethics, and is
- Under the direction of an attorney.

Print Supervising Attorney Name

Supervising Attorney Signature

Date: _____

Attorney I.D. Number

Paralegal Student (non-voting) \$20.00

This membership is open to an individual (i) currently enrolled in a formal course of study leading to a position as a paralegal, or (ii) within the past nine (9) months has graduated from a paralegal training program who is currently seeking employment as a paralegal. Please provide a copy of your current student identification card.

Print Student Advisor's Name

Student Advisor's Signature

Date: _____

Associate (non-voting) \$75.00

This membership is open to entities such as law firms, educational facilities and other businesses that are interested in promoting the goals of the paralegal profession by an association with LAPA.

Sustaining (non-voting) \$45.00

This membership is open to any individual who does not meet the requirements of the aforementioned membership categories but desires to support LAPA.

*** Please contact the Membership Chair of LAPA if your employment status changes during your annual membership period. If a change to membership status is made during the annual membership year, no additional fees will be incurred by the member, nor will the member receive a refund for a status change resulting in a lower membership fee. At the time of the member's next renewal, the appropriate fee for the member's new membership status will become due.**

B. Please supply the following information about yourself:

Name: _____ Job Title: _____

Complete Home Address: _____

Employer's Name: _____

Complete Office Address: _____

Home Phone: _____ Work Phone: _____

E-mail: _____ Fax: _____

C. Communication will be provided to you via the E-mail address above unless otherwise noted below:

D. We encourage all members to take an active part in our organization. In numerical order of preference, please identify your top three (3) committee choices. All LAPA members are expected to actively participate in at least one (1) committee.

- | | | |
|---|-------------------------------------|--|
| <input type="checkbox"/> Community Relations | <input type="checkbox"/> Marketing | <input type="checkbox"/> Special Events |
| <input type="checkbox"/> (subcommittee Wills For Heroes) | | <input type="checkbox"/> Newsletter |
| <input type="checkbox"/> Education | <input type="checkbox"/> Membership | <input type="checkbox"/> Student Liaison |
| <input type="checkbox"/> (subcommittee Criminal Conference) | | <input type="checkbox"/> (subcommittee Student Conference) |

E. Permission is hereby granted to the Lancaster Area Paralegal Association (LAPA) and its representatives, the right to take, use, reproduce, and/or publish photographs and/or video of me including my image, likeness, and/or voice and/or my property at any LAPA event that I attend, without compensation. I authorize LAPA to use and publish the same in print and/or electronically. I agree that LAPA may use such images/photograph(s) of me with or without my name and for any lawful purpose, including for example, such purposes as publicity, illustration, advertising, and Web content. This authorization is continuous and may only be withdrawn by my specific rescission of this authorization.

I have read and understand the above:

Signature: _____

Printed name: _____

Have you ever been convicted of or entered a plea of guilty or nolo contendere to a felony? If yes, attach full details (name of court, plea or conviction, sentence and length of probation) and appropriate supporting documents with a signed and dated personal explanation.
Yes ___ No ___

Have you ever been investigated and/or alleged to have engaged in the Unauthorized Practice of Law? Yes ___ No ___

To the best of my knowledge and belief, this application contains no misrepresentations or falsifications, omission or concealments of material fact and the information given by me is true and complete. I verify that I have been provided with, have read and understand the LAPA Code of Ethics and the NALA Code of Ethics (“Codes”) attached to and incorporated into this Application. I will follow the guidelines set forth in the Codes to the best of my ability and understand that failure to comply with the Codes may result in termination of my membership. I further state that I meet the requirements of the category of membership for which I am applying and consent to my contact information being included in the LAPA Membership Directory. I am aware that membership fees, once accepted, are non-refundable.

Signature of Applicant

Date

Please return this application and your check for membership dues to:

LAPA
Attention: Membership Chair
P.O. Box 593
Lancaster, PA 17608-0593

In the event a check is returned for insufficient funds, the applying member must resubmit their membership fee in the form of a money order, cashier's check or law firm/corporate check for the membership fee plus any fees and/or costs incurred by LAPA for the returned check.

Inquiries may be directed to Carolyn Woods, LAPA Membership Chair:

cwoodsLAPA@gmail.com

We invite you to visit our website at www.LAPAParalegals.com