



Post Office Box 36260
Charlotte, North Carolina 28236-6260
www.charlotteareaparalegals.com

APPLICATION FOR MEMBERSHIP

Please type or print clearly.

Form with fields for Full Name, Home Address, Telephone Number, E-Mail Address, Employer's Name, Address, Telephone Number, and Facsimile Number.

Check Preferred Contact Address* [] Home [] Work *This is address will be published in our membership directory.

Please check all that apply: [] CLAS [] CLA [] NCCP [] Other: _____

[] GENERAL MEMBERSHIP - \$45 (Includes: \$40 membership dues and a one-time application fee)

Please check applicable membership qualifications:

- I am a Certified Legal Assistant (CLA as certified by the National Association of Legal Assistants, Inc.)
I have successfully completed a curriculum of paralegal training and am employed under the direct supervision of a licensed practicing attorney.
I have completed at least three (3) years of continuous on-the-job training as a paralegal under the direct supervision of a licensed practicing attorney.

[] ASSOCIATE MEMBERSHIP - \$30 (Includes: \$25 membership dues and a one-time application fee)

Please check applicable membership qualifications:

- I have successfully completed a paralegal training program but am not currently employed as a paralegal.
I have been employed for less than three (3) years as a paralegal under the direct supervision of a licensed practicing attorney.
I am enrolled as a student in a paralegal training program.
I am an individual, attorney or paralegal program representative who endorses the paralegal concept, or is involved in the promotion of the paralegal profession.

Area of Practice - Please check all that apply

- Administration Banking/Finance Bankruptcy Civil Litigation
Corporate Criminal Family Law Free Lance
Immigration Intellectual Property Real Estate Tax
Wills/Estate/Probate Environmental Product Liability Worker's Compensation

Other: _____

Signature: _____ Date: _____

MEMBERSHIP DUES: When application is submitted in February, March or April, please choose one of the following:
[] Have dues applied to the following fiscal year and forfeit voting rights for the remainder of the current fiscal year; or
[] Have dues applied to the current fiscal year and receive full voting rights.

ATTORNEY- EMPLOYER ATTESTATION

I hereby attest that _____ is employed by me or my Firm/Company/ Governmental Agency and is recognized as a paralegal and that he/she, under the supervision of an attorney, is capable of the following services as generally described by the American Bar Association.

- Applying knowledge of the law and legal procedure in drafting legal documents and other papers in certain fields of law.
- Exercising judgment and working independently with respect tot assigned tasks, keeping and meeting deadlines.
- Preparing or interpreting legal documents or review by attorneys.
- Selecting, compiling and using technical information from such references as digests, encyclopedias, or practice manuals.
- Analyzing procedural problems and recommending solutions in certain fields of law.
- Preparing detailed office procedures for efficient handling of specialized fields of the law.

I further attest that the applicant has been employed by me or my Firm/Company/Governmental Agency as a paralegal for ____ years ____ months; that the applicant's ethical and professional conduct are above reproach, and that he/she is recommended for membership in the Metrolina paralegal Association.

Employer's Name: _____
 Employer's Address: _____ Date: _____
 Signature of Attorney: _____
 Firm/Company/Governmental Agency: _____
 Address: _____

SCHOOL ATTESTATION

I hereby attest that _____ is currently enrolled in or has successfully completed the paralegal program at this school.

I further attest that the applicant's ethical and professional conduct are above reproach, and that he/she is recommended for membership in the Metrolina paralegal Association.

Name: _____
 Title: _____
 Name of School: _____
 Address of School: _____ Date: _____

RETURN COMPLETED APPLICATION AND CHECK TO:

Metrolina Paralegal Association
 Membership Chairperson
 Post Office Box 36260
 Charlotte, North Carolina 28236-6260
www.charlotteareaparalegals.com

Notice: Dues of the Metrolina Paralegal Association are NOT deductible as charitable contributions for federal income tax purposes; however, payments may qualify as ordinary and necessary business expenses.

For MPA Use Only

Date Approved:	
Dues/Application Fees Paid:	
Check Number:	
MPA Authorized Officer:	