



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

Application for Membership

Email Address: (Required)	_____
Full Name:	_____
Employer's Name: (if applicable)	_____
Preferred Contact Information: Please note this information will be published in our membership directory	_____ Home _____ Work
Address:	_____
Telephone Number:	_____
Please check all that apply: <input type="checkbox"/> CLAS <input type="checkbox"/> CLA <input type="checkbox"/> NCCP <input type="checkbox"/> Other: _____	
<input type="checkbox"/> GENERAL MEMBERSHIP (\$60 Annual Dues) <i>(Includes \$50 membership and a one-time application fee of \$10.)</i> Please check applicable membership qualifications:	
_____ I am a North Carolina Certified Paralegal (NCCP as certified by the North Carolina State Bar Board of Paralegal Certification) <i>(Please attach copy of the Certification.)</i>	
_____ I am a Certified Legal Assistant (CLA as certified by the National Association of Legal Assistants, Inc.) <i>(Please attach copy of the Certification.)</i>	
_____ I have successfully completed a curriculum of paralegal training and am employed under the direct supervision of a licensed practicing attorney. <i>(Please attach a copy of the diploma or certificate of program completion and Attorney MUST complete Attorney Attestation on next page.)</i>	
_____ I have completed at least (3) years of continuous on-the-job training as a paralegal under the direct supervision of a licensed practicing attorney. <i>(Attorney MUST complete Attorney Attestation on next page.)</i>	
<input type="checkbox"/> ASSOCIATE MEMBERSHIP (NON-VOTING) (\$45 Annual Dues) <i>(Includes \$35 membership and a one-time application fee of \$10.)</i> Please check applicable membership qualifications:	
_____ I have successfully completed a paralegal training program but am not currently employed as a paralegal. <i>(Please attach a copy of the diploma or certificate of program completion.)</i>	
_____ I have been employed for less than three (3) years as a paralegal under the direct supervision of a licensed practicing attorney. <i>(Attorney MUST complete Attorney Attestation on next page.)</i>	
_____ I am enrolled as a student in a paralegal training program. <i>(School MUST complete Attestation of Enrollment on next page.)</i>	
_____ 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 <i>(please check all that apply)</i>	
<input type="checkbox"/> Administration	<input type="checkbox"/> Banking/Finance
<input type="checkbox"/> Corporate	<input type="checkbox"/> Criminal
<input type="checkbox"/> Immigration	<input type="checkbox"/> Intellectual Property
<input type="checkbox"/> Wills/Estate/Probate	<input type="checkbox"/> Environmental
<input type="checkbox"/> Other: _____	<input type="checkbox"/> Bankruptcy
	<input type="checkbox"/> Family Law
	<input type="checkbox"/> Real Estate
	<input type="checkbox"/> Product Liability
	<input type="checkbox"/> Civil Litigation
	<input type="checkbox"/> Free Lance
	<input type="checkbox"/> Tax
	<input type="checkbox"/> Worker's Compensation
Signature: _____	Date: _____

*****GENERAL MEMBERS ONLY: MEMBERSHIP DUES APPLICABILITY***:** The membership year for the MPA is August 1 through July 31; therefore, membership renewals go out June 1. **So, when application is submitted in April, May or June, 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:	