



ANNUAL MEMBERSHIP RENEWAL* FOR 2018-2019

*If you are not currently a member, please use the "New Member Application" form

Email Address (required; please print clearly):	_____		
Member Name:	_____		
Employer Name:	_____		
Preferred Address for MPA Directory:	_____		
Preferred Phone Number for Directory:	_____		
Please check all that apply:	<input type="checkbox"/> NCCP	<input type="checkbox"/> CLA	<input type="checkbox"/> ACP <input type="checkbox"/> CP <input type="checkbox"/> OTHER: _____
Type of Membership:	<input type="checkbox"/> GENERAL (\$60 Annual Dues) <input type="checkbox"/> ASSOCIATE/STUDENT (\$40 Annual Dues)		
Area(s) of Practice: (please check all that apply)			
<input type="checkbox"/> Administrative Law	<input type="checkbox"/> Criminal Defense	<input type="checkbox"/> Foreclosures	<input type="checkbox"/> Product Liability
<input type="checkbox"/> Banking/Finance	<input type="checkbox"/> Criminal Prosecution	<input type="checkbox"/> Healthcare	<input type="checkbox"/> Real Estate
<input type="checkbox"/> Bankruptcy	<input type="checkbox"/> Employee Benefits	<input type="checkbox"/> Immigration	<input type="checkbox"/> Regulatory/Utilities
<input type="checkbox"/> Civil Enforcement	<input type="checkbox"/> Environmental	<input type="checkbox"/> Intellectual Property	<input type="checkbox"/> Tax
<input type="checkbox"/> Civil Litigation	<input type="checkbox"/> Estate Planning/Trusts	<input type="checkbox"/> Labor & Employment	<input type="checkbox"/> Wills/Estates/Probate
<input type="checkbox"/> Contracts	<input type="checkbox"/> Family Law	<input type="checkbox"/> Litigation	<input type="checkbox"/> Worker's Compensation
<input type="checkbox"/> Personal Injury	<input type="checkbox"/> Corporate	<input type="checkbox"/> Free Lance	<input type="checkbox"/> Other (describe below):
Other: _____			
Member Signature: _____		Date: _____	
<small>WITH MY SIGNATURE, I HEREBY GRANT PERMISSION FOR THE MPA TO PUBLISH PHOTOGRAPHS OF ME TAKEN AT MPA EVENTS ON THE MPA WEBSITE AND FACEBOOK PAGE.</small>			

All Renewals with dues must be received by August 30, 2018.

Renewals postmarked after August 30, 2018 will be assessed a \$10 late fee.

Please make checks payable to the Metrolina Paralegal Association and mail to:

**Metrolina Paralegal Association
Attn: Membership
Post Office Box 36260
Charlotte, North Carolina 28236-6260**

Notice: Contributions or gifts to 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.