



ANNUAL MEMBERSHIP RENEWAL APPLICATION for 2019-2020

Email Address (REQUIRED):			
Member Name:			
Employer (or School Name:)			
Preferred Address for MPA Directory:			
Street Address or PO Box:			
City, State and Zip Code:			
Preferred Telephone Number for MPA Directory:			
Please check all designations that apply:			
<input type="checkbox"/> NCCP	<input type="checkbox"/> CLA	<input type="checkbox"/> CP	<input type="checkbox"/> ACP
<input type="checkbox"/> OTHER		Specify, if other:	
Type of Membership:			
<input type="checkbox"/> GENERAL (\$60 Annual Dues)		<input type="checkbox"/> ASSOCIATE (\$40 Annual Dues)	<input type="checkbox"/> STUDENT (\$40 Annual Dues)
Area(s) of Practice: (please check all that apply)			
<input type="checkbox"/> Administrative	<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"/> Law Office Administration	<input type="checkbox"/> Worker's Compensation
<input type="checkbox"/> Corporate	<input type="checkbox"/> Free Lance	<input type="checkbox"/> Personal Injury	<input type="checkbox"/> Other
Specify Area(s) of Practice, if other:			
Member Signature:		Date:	
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.			

**All Renewal Applications, including respective dues, must be received by August 15, 2019.
Renewal Applications postmarked after August 15, 2019 will be declined, and you will be required to reapply as a new member.**

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