

CHESTER COUNTY PARALEGAL ASSOCIATION
APPLICATION FOR MEMBERSHIP

SEND COMPLETED APPLICATION AND CHECK TO:

Membership Chair
c/o Chester County Paralegal Association
P.O. Box 295, West Chester, PA 19381

Name: _____

Address: _____

Home Phone: _____

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EMPLOYMENT INFORMATION:

Employer Name: _____

Supervisor's Name: _____

Address: _____

Work Telephone: _____

Fax Number: _____

E-mail address: _____

Number of Attorneys: _____

Education: _____

Specific Legal Education (including name of institution, final degree or certification, and date of graduation)

Length of Employment as a Paralegal: _____

Other Legal Experience: _____

Please list the specialty areas in which you specialize, e.g. civil, criminal, domestic, bankruptcy, etc.

I hereby apply for:

_____ Full Membership (\$50.00 annual dues – full voting privileges) Full Members are full voting members who have continuously maintained their membership and any person who possesses a paralegal certificate or degree from a legal assistance studies program and has six (6) months work experience as a paralegal.

_____ Associate (\$35.00 annual dues – non voting) Any person who has completed such a course of study but who has not been employed as a paralegal for at least six (6) months; or any person who has graduated from a two (2) year or four (4) year accredited educational institution but does not possess a paralegal certificate or degree or any person who has at least one (1) year's work experience as a paralegal but does not possess a paralegal certificate or degree.

_____ Student Membership (\$35.00 annual dues – non voting) Any person enrolled in a legal assistant studies program leading to receipt of a paralegal certificate or degree.

_____ Sustaining Member (\$100.00 annual dues – non voting) Any firm, association, corporation, educational institution or other entity interested in supporting the objectives and purposes of the Association.

I hereby agree to be bound by the Code of Ethics and Professional Responsibility and the rules and regulations adopted now and in the future by the Chester County Paralegal Association. I certify that I meet the requirements for the category of membership for which I am applying. I understand that all applications are subject to approval by the Association.

Date: _____

Signature: _____

Would you be willing to:

_____ Submit articles to the Association's newsletter?

_____ Serve as an officer the Association?

Serve on the following committees:

_____ Continuing Legal Education

_____ Membership

_____ Newsletter

_____ Pro Bono

_____ Publicity Committee

_____ Fundraising

_____ Job Bank

I became aware of the Chester County Paralegal Association from

_____.