Name: _______________________________ Date: ________________________________
(Print Name)

Your Credentials, if any, RP, Pa.C.P. etc.: ______________________________________

Membership Categories
Please carefully review the following membership categories and indicate for which you are
applying. CCPA members are also members of the National Federation of Paralegal
Associations, Inc. (NFPA) and a portion of your membership dues is paid to the NFPA for
membership in the association.

Please be advised that the CCPA currently absorbs a percentage of the dues charged by
the National Federal of Paralegal Associations (NFPA). The actual fee per member for
NFPA membership is $30 per full/associate member, and $25 per student member. The
CCPA has agreed to absorb $15 of the dues for 2022, as was provided in 2021. The
CCPA is advising its members that it may not be subsidizing these dues in the 2023 year.

Dues are to be paid by the 31st of January for each fiscal year.

Enclosed are my dues in the amount of:

____ $65 Full Membership (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 studies program and
has six (6) months work experience as a paralegal.

____ $50 Associate Membership (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; any person who has at least one (1) year work experience as a paralegal but does not
possess a paralegal certificate or degree; or, any person who is retired from the paralegal
profession.

____ $45 Student Membership (non-voting)
Any person enrolled in a legal assistant studies program leading to receipt of a paralegal
certificate or degree.

____ $100 Sustaining Membership (non-voting)
Any firm, association, corporation, educational institution or other entity who is interested in
supporting the objectives and purposes of the Association. Sustaining members shall not have
voting, elective or representative privileges, but shall be entitled to participate in the activities
of the Association. Unlimited amount of individuals are allowed under this classification from
respective paying firm, association, corporation, educational institution or other entity.
Please make your check payable to the *Chester County Paralegal Association* and return it along with this completed Membership Application Form to CCPA MEMBERSHIP CHAIR, PO Box 295, West Chester, PA 19381-0295.

The membership year runs from January – December of each year. We are unable to pro-rate your membership fee. However, any Applications received after November 1 will include the following membership year.

Please complete the attached Membership Directory Information form providing at least one email address to assure you receive communications from the CCPA Board. If you list both a personal and work email, indicate at which address you would like to receive these communications. The Membership Directory will be updated for 2022 and we would like to have current information for all members. **Please also complete the brief survey so that the CCPA can consider ideas and suggestions from everyone for the coming year.**

We welcome your thoughts, ideas, comments and most importantly your participation in the CCPA.

Please contact us if you have any questions. Thank you.

Ann Marie Romani

Membership Chair

aromani@rccblaw.com
CHESTER COUNTY PARALEGAL ASSOCIATION
MEMBERSHIP DIRECTORY INFORMATION FOR 2022

Name: ___________________________ Business: ___________________________

Address: _________________________ Telephone: _________________________

E-mail: __________________________

Employer: _________________________

Address: _________________________ Telephone: _________________________

E-mail: __________________________

* Please indicate your preferred contact information

Specialty areas of law (if any): ___________________________

Are you interested in:

☐ Submitting articles to the Association’s newsletter?
☐ Serving as an officer in the Association?
☐ Serving on the following committees:

☐ Continuing Legal Education
☐ Newsletter
☐ Publicity
☐ Job Bank
☐ Website
☐ Membership
☐ Pro Bono
☐ Fundraising
☐ NFPA

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SURVEY
Please indicate your ideas and suggestions for the CCPA programs/activities which you would like to see offered:

CLE Programs:

____________________________________________________________________

____________________________________________________________________

Topics for Speakers:

____________________________________________________________________

____________________________________________________________________

____________________________________________________________________

FOR OFFICE USE:
Rec’d: ______________________
Pd. by: _____________________
Charitable/Community:

Outreach Ideas:

Other:

The CCPA would like to publish a Membership Directory to be circulated to all of our members. Please indicate your consent to disclosure your contact information in the directory:

In what way(s) would you be willing to volunteer/assist in the CCPA?