

**CHESTER COUNTY PARALEGAL ASSOCIATION
P.O. BOX 295
WEST CHESTER, PA 19381-0295
MEMBERSHIP APPLICATION/RENEWAL FORM
FOR THE YEAR 2025**

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 \$35 per full/associate member, and \$30 per student member. The CCPA has agreed to absorb \$20 of the dues for 2025, as was provided in 2024. The CCPA is advising its members that it may not be subsidizing these dues in the 2026 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 2025 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

FOR OFFICE USE:

Rec'd: _____

Pd. by: _____

**CHESTER COUNTY PARALEGAL ASSOCIATION
MEMBERSHIP DIRECTORY INFORMATION FOR 2024**

Name: _____

Business: _____

Address: _____

Telephone: _____

E-mail: _____

Employer: _____

Personal: _____

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

SURVEY

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

CLE Programs:

Topics for Speakers:

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?
