



MEMBERSHIP APPLICATION

Membership Period: October 1 – September 30

NEW

RENEWAL

Name: _____

First

MI

Last

Home Address: _____

Phone Nos.: (home/cell - circle) _____ (work) _____

Email Address (where you can receive emails from the CVPA): _____

Employer Name: _____

Employer Address: _____

Title (i.e. paralegal, legal assistant, firm administrator, etc.) _____

How long with current employer: _____ Total years of experience in legal field: _____

Do you have your NC State Bar paralegal certification? Yes No Certification No.: _____

Are you certified by NALA? Yes No

Type of Membership Applying for (see reverse for description of each membership class):

- Professional\$40.00
- Associate\$35.00
- Graduate\$30.00
- Student\$20.00
- Educational Institution (limited to educator and 25 students)\$100.00

Areas of law in which you currently practice:

- | | | |
|----------------------------------------------|------------------------------------------------|------------------------------------------------|
| <input type="checkbox"/> Administrative Law | <input type="checkbox"/> Estate Administration | <input type="checkbox"/> Product Liability |
| <input type="checkbox"/> Bankruptcy | <input type="checkbox"/> Estate Planning | <input type="checkbox"/> Real Estate |
| <input type="checkbox"/> Civil Litigation | <input type="checkbox"/> Family Law | <input type="checkbox"/> Securities |
| <input type="checkbox"/> Collections | <input type="checkbox"/> Foreclosures | <input type="checkbox"/> Tax Law |
| <input type="checkbox"/> Construction Law | <input type="checkbox"/> Immigration | <input type="checkbox"/> Workers' Compensation |
| <input type="checkbox"/> Corporate Law | <input type="checkbox"/> Labor and Employment | <input type="checkbox"/> Other |
| <input type="checkbox"/> Criminal Litigation | <input type="checkbox"/> Medical Malpractice | _____ |
| <input type="checkbox"/> Environmental | | |

Are you interested in joining a committee? Yes No

Check boxes of all committees in which you are interested:

- | | | |
|--------------------------------------------------------------|----------------------------------------------|----------------------------------------------|
| <input type="checkbox"/> Certified Paralegal Education (CPE) | <input type="checkbox"/> Membership/Benefits | <input type="checkbox"/> Website Maintenance |
| <input type="checkbox"/> Community Outreach | <input type="checkbox"/> Newsletter | |
| <input type="checkbox"/> Fundraising | <input type="checkbox"/> Publicity | |
| <input type="checkbox"/> Law Updates | <input type="checkbox"/> Social | |

I have received, reviewed and agree to be bound by the Code of Conduct as adopted by the CVPA, and I certify that I have not been convicted of a felony in this or any other state.

Date: _____

Signature of Applicant

To be completed by applicants applying for Student Membership:

Name and address of current school attending: _____

Program Name: _____ Length of Program: _____

Year of expected graduation: _____

Currently employed in legal field? Yes No

If yes, name and address of employer: _____

Classes of Membership:

Professional: Currently employed as a paralegal, legal assistant, legal secretary, teacher/professor of legal assistant or paralegal programs, or those employed within the judicial system.

Associate: Retired or unemployed paralegal, legal assistant or legal secretary

Graduate: Recent graduate of a paralegal program, but not yet employed

Student: Currently enrolled in a paralegal or legal assistant program offering an associate's degree or enrolled in a college or university and majoring in paralegal studies or similar program

Educational Institution: Class of paralegal students (up to 25) and professor

Please submit completed application to the Membership Committee at the next monthly meeting of the CVPA or by mailing the application with the appropriate membership fee to the address listed below. Applications that are incomplete or submitted without the membership fee cannot be processed.

**Catawba Valley Paralegal Association
PO Box 3068
Hickory, NC 28603**

*Contributions or gifts to the CVPA are not deductible as charitable contributions for federal income tax purposes; however, membership dues may qualify as a deductible business expense.

****DO NOT WRITE BELOW LINE - CVPA USE ONLY****

Date application received: _____ Amount received: \$ _____ Cash/Check

Received by: _____ Receipt completed