

MEMBERSHIP APPLICATION FORM
Catawba Valley Paralegal Association

Name: _____
Last First MI

Address: _____
Street Address City State Zip

Home Phone: () _____ Work Phone: () _____ Mobile Phone: () _____

Email Address: _____

Employer: _____

Work Address: _____
Street/PO Address City State Zip

Use Mailing Address at: Home Work Do you have your Paralegal's Certification? Yes No
If yes, Certification No.: _____

Years of Experience in Legal Field: _____

Select one of the following:

- Please include my name, contact information, and email address in the membership directory or on-line roster.
- Please include my name only in the membership directory and/or on-line roster.
- Please do not include my name in the membership directory and/or on-line roster.

Type of Membership Applying for:

- Professional/General \$ 30.00
- Associate \$ 25.00
- Graduate Associate \$ 20.00
- Student \$ 15.00
- Educational Institute (limited to 25) \$100.00

Areas of Law Most Familiar: (Mark the box indicating the areas of law which you devoted 25% of your time during the past 5 calendar years.)

- | | | | | |
|---|---|--|--|--|
| <input type="checkbox"/> Administrative Law | <input type="checkbox"/> Family Law | <input type="checkbox"/> Personal Injury | <input type="checkbox"/> Medical Malpractice | <input type="checkbox"/> Wrongful Death Claims |
| <input type="checkbox"/> Products Liability | <input type="checkbox"/> Bankruptcy | <input type="checkbox"/> Foreclosure | <input type="checkbox"/> Business Acquisitions | <input type="checkbox"/> Healthcare |
| <input type="checkbox"/> Real Estate | <input type="checkbox"/> Civil Litigation | <input type="checkbox"/> Immigration Law | <input type="checkbox"/> Securities | <input type="checkbox"/> Collections |
| <input type="checkbox"/> Tax Law | <input type="checkbox"/> Corporate | <input type="checkbox"/> Construction Law | <input type="checkbox"/> Legislature Law | <input type="checkbox"/> Wills/Estate/Probate |
| <input type="checkbox"/> Environmental | <input type="checkbox"/> Local Government | <input type="checkbox"/> Workers' Compensation | <input type="checkbox"/> Criminal Litigation | <input type="checkbox"/> Labor/Employment Law |
| <input type="checkbox"/> Other: _____ | | | | |

Work Activities:

Committees:

Are you interested in serving on a Committee? Yes No

If yes, which committees are you interested in serving? (Check all you are interested in serving on)

- Membership/Benefits Committee
- Speaker/Location/Special Events
- Law Update/Ethics
- Fund-raising
- Sponsorship Committee
- Web/Newsletter
- CPE/Special Seminars

I have received, reviewed, and agreed to be bound by the Code of Conduct as adopted by CVPA and I certify that I have not been convicted of a felony in this or any other state. By submission of this application, the applicant acknowledges that the Membership Directory is offered as a benefit of your membership and shall not be divulged to non-members for any reason whatsoever.

Signature of Applicant

Date

To be completed by Applicants applying for Professional/General or Associate Membership:

Name of Immediate Supervisor (for retired applicants, last supervisor): _____

Specialty area of practice:(i.e. litigation, real estate, domestic, etc.): _____

How long employed: _____ Total Years of Legal Experience: _____

Title held by law: _____ (i.e. Paralegal, Legal Assistant, etc.)

Formal or special education and /or training for present position (name and address of last school attended):

Choose the one that best describes your current employment:

Private law practice Law department/non-profit organization Corporate Law Dept.

Judicial Agency; Government Agency Other: _____

Number of Attorneys: _____ Legal Personnel: _____ Other: _____

To be completed by Applicants applying for Graduate Associate or Student Membership:

Name and address of current school attending:

Length of Course/Program: _____ Year Expected to Graduate: _____

Employed? Yes No Where? _____

Submission of Application: Please submit the completed application to the Membership Committee at the next monthly meeting of the CVPA or by mailing same along with your dues to the address listed below. Applications that are incomplete or submitted without membership dues cannot be processed.

Catawba Valley Paralegal Association
PO Box 3068
Hickory, North Carolina 28603

*Contributions and/or gifts to the CVPA are not deductible as charitable contributions for federal income tax purposes; however, payment may qualify as ordinary and/or necessary expenses.

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

Date Application Received: _____ Payment Amount Received: \$ _____ Cash/Check

Membership No.: _____ Received by: _____ Receipt Completed