

TIDEWATER PARALEGAL ASSOCIATION
APPLICATION FOR MEMBERSHIP

GENERAL INFORMATION: (Please circle preferred mailing address: home or work)

NAME _____	EMPLOYER _____
ADDRESS _____	ADDRESS _____
_____	_____
TELEPHONE _____	TELEPHONE _____
E-MAIL _____	E-MAIL _____
	TITLE _____
BIRTHDAY (Month and Day only) _____	

EDUCATION (Highest Level Attained) AND PROFESSIONAL AFFILIATIONS:

School or College _____	Years _____
Degree Attained _____	Major _____
Legal Assistant _____	Specialty _____
Date(s) of Graduation _____	Other _____

Check all that apply regarding your Affiliations:

_____ NALA _____ NFPA _____ Previous Local Association _____ Other
Name: _____

WORK EXPERIENCE (In years or months -- Specify which):

_____ As Legal Assistant _____ Other Legal Experience _____ Other

_____ AREA(S) OF SPECIALTY

MEMBERSHIP CATEGORY APPLIED FOR AND DUES PER YEAR:

Please see brochure for explanations of membership differences.

_____ Active (\$45) _____ Student (\$25) _____ Sustaining (\$50)
_____ Provisional (\$45) _____ Associate (\$45)

IF APPLYING FOR ACTIVE MEMBERSHIP, PLEASE CHECK ALL THAT APPLY:

_____ Successful Completion of CLA Examination
Year Completed: _____

_____ Graduation from an ABA Approved Paralegal Studies Program
Name of School & Year Graduated: _____

_____ A Baccalaureate Degree and
_____ One Year Experience as a Legal Assistant
_____ A Minimum of 24 Semester Hours or Equivalent in Paralegal Specialty Courses

_____ Associates Degree in Paralegal Studies with 60 Semester Hours or Equivalent with a Minimum of 24 Semester Hours or Equivalent in Paralegal Studies Courses
Name of School & Year Graduated: _____

_____ Successful Completion of a Paralegal Certificate Program from an accredited college or university
Name of School & Year Completed: _____

_____ Two years experience as Legal Assistant under supervision of Attorney ***
*** Please have employer complete attestation on the following page if this is the only item checked***

IF APPLYING FOR ASSOCIATE OR SUSTAINING MEMBERSHIP, PLEASE INDICATE FOLLOWING:

_____ Educator _____ Attorney _____ Other (please explain) _____

IF APPLYING FOR STUDENT MEMBERSHIP, PLEASE HAVE COMPLETED BY SCHOOL:

I attest that _____ is currently enrolled in the Legal Assistant/Paralegal Studies Program at _____.

Date: _____ Signature & Title: _____

APPLICATION ATTESTATION

I agree to be bound by the Code of Ethics and Professional Responsibility and the bylaws adopted by the Tidewater Paralegal Association, Inc. I further understand that this application is subject to the approval of TPA.

Date: _____ Signature of Applicant: _____

COMMITTEE MEMBERSHIP

Please choose one or more of the following committees you may be interested in. Each TPA member is required to serve on one committee.

- | | | |
|--------------------------------|------------------------|--|
| _____ Joint Seminar | _____ Annual Seminar | _____ Newsletter |
| _____ Venue | _____ Public Relations | _____ Speaker |
| _____ Education/Special Events | _____ Finance | _____ Job Bank |
| _____ Annual Reception | _____ Membership | _____ CLA/CP Study Group
(Must be CLA/CP) |

ATTORNEY/EMPLOYER ATTESTATION

I attest that _____ is employed by me and is recognized as a Legal Assistant/Paralegal and that he/she, under the supervision and direction of a lawyer, is capable of the following services as generally described by the American Bar Association's Standing Committee on Legal Assistants:

- * Applying knowledge of the law and legal procedure in drafting legal documents and other papers in certain fields of law.
- * Exercising judgment and working independently with respect to assigned tasks, keeping and meeting deadlines.
- * Preparing or interpreting legal documents for review by lawyers.
- * Selecting, compiling and using technical information from such references as digest, encyclopedias or practice manuals.
- * Analyzing procedural problems and recommending solutions in certain fields of law.
- * Preparing detailed office procedures for efficient handling of specialized fields of law.
- * Doing work that in the absence of the paralegal would be handled by an attorney.

I further attest that applicant's ethical and professional conduct is above reproach, and that he/she is recommended for membership in TPA. Applicant has been employed by for ___ less than two years ___ more than two years.

Date: _____ Signature & Title: _____

Please return completed application and check made payable to TPA to:

Lisa Wilson, CP
149 Outlaw Lane
Suffolk, VA 23435