



RENEWING MEMBERS

ASSOCIATE MEMBERSHIP ELIGIBILITY REQUIREMENTS

Associate Any one of the following shall qualify for Associate membership. Please circle the applicable category below which **you** eligible for Associate Membership:

- A Graduated from or completed a paralegal program but who have not been employed full-time as a paralegal or are not currently employed full-time as a paralegal at the time of application or renewal of membership;
- B. Involved in the supervision of paralegals;

An Associate Member shall have all the privileges associated with Active Membership except the right to vote or to hold office.

IF APPLYING FOR “ASSOCIATE” MEMBERSHIP, PLEASE PLACE A **CHECK
NEXT TO ONE OF THE FOLLOWING APPLICABLE CATERGORIES:**

Attorney

Graduate

Paralegal Manager/Supervisor

ASSOCIATE MEMBERSHIP ATTESTATION

(All applicants for Associate Membership must read and sign below)

I hereby affirm that I have not been convicted of a felony, that I am not a disbarred *or* suspended attorney and that I have not been found to have engaged in the unauthorized practice of law. Further, I understand that once approved as a member of the NYCPA, I am subject to all of the provisions contained in the NFPA Code of Ethics and Professional Responsibility Further. I hereby affirm that I am eligible to apply for Associate Membership consistent with the eligibility requirements as set forth above.

I hereby acknowledge that the information contained on this Application for Membership to the NYCPA is true and accurate to the best of my knowledge.

Date

Signature



PLEASE TYPE OR PRINT CLEARLY
RENEWING MEMBERS

I am applying for: Active Membership Annual Dues: \$45.00
[Please CHECK] Associate Membership Annual Dues: \$38.00
 Student Membership Annual Dues: \$30.00

Note: Current Members Renewal Annual Dues are based on period (July 1st to December 31st).

RENEWING MEMBERS:

- Please check here if you are renewing and your information from the previous year **HAS NOT** changed. Print your name below, make your committee selection, sign on the last page and mail in the application with your check. You are all set!
- Please check here if you are renewing and your information from the previous year **HAS** changed. Please fill in where the changes should be made. Please make your committee selection, sign the last page and mail in the application with your check. You are all set!

Membership information:

Renewing Member New Member

Length of time working as a Paralegal: _____ Years/ _____ Months

Personal Information:

First Name: _____ MI: _____ Last Name: _____

Please indicate any name change (if applicable): _____

Employer: _____

Business Address: _____

Business Phone: _____ Business Fax: _____

Business E-mail: _____

Home Address: _____

Home Phone: _____ Home e-mail (optional): _____

Student Information:

School attending: _____

Anticipated graduation date: _____

Preferred Listing in Membership Directory:

Address: Home Business

E-mail: Home Business

MEMBERSHIP DIRECTOR'S USE ONLY:

Check # _____ Entered into DB: _____ By: _____

Check to

Treasurer:



Areas of Specialization (Choose all that apply):

- | | | |
|--|---|--|
| <input type="checkbox"/> Administrative | <input type="checkbox"/> Banking | <input type="checkbox"/> Bankruptcy |
| <input type="checkbox"/> Benefits | <input type="checkbox"/> Commercial | <input type="checkbox"/> Collection |
| <input type="checkbox"/> Corporate | <input type="checkbox"/> Criminal | <input type="checkbox"/> Education |
| <input type="checkbox"/> Employment | <input type="checkbox"/> Environmental | <input type="checkbox"/> Estates/Trust |
| <input type="checkbox"/> Family/Matrimonial | <input type="checkbox"/> General | <input type="checkbox"/> Immigration |
| <input type="checkbox"/> Intellectual Property | <input type="checkbox"/> Insurance | <input type="checkbox"/> Labor |
| <input type="checkbox"/> Litigation | <input type="checkbox"/> Nurse/Consultant | <input type="checkbox"/> Real Estate |
| <input type="checkbox"/> Tax | <input type="checkbox"/> <input type="text"/> | |

Be an active NYCPA member!

NYCPA is always seeking member input. All members are encouraged to join. Please consider serving on one or more of the following Committees:

- | | | | |
|---------------------------------------|---|---|-----------------------------------|
| <input type="checkbox"/> By Laws | <input type="checkbox"/> Empire State Alliance | <input type="checkbox"/> Events/Sponsorship | <input type="checkbox"/> Ethics |
| <input type="checkbox"/> Job Bank | <input type="checkbox"/> Membership | <input type="checkbox"/> National Affairs (NFPA) | <input type="checkbox"/> Finance |
| <input type="checkbox"/> Newsletter | <input type="checkbox"/> Nominations | <input type="checkbox"/> Paralegal School Liaison | <input type="checkbox"/> Pro Bono |
| <input type="checkbox"/> PR/Marketing | <input type="checkbox"/> Professional Development (CLE) | | |

The Membership Committee is developing a Mentor Program. If you would like to participate, please indicate your role by checking in the appropriate place.

- I would like to be a mentor. I would like a mentor.

Educational Background:

Check highest level completed AND list any degrees/certificates.

- Masters:
- Bachelors:
- Associates:
- Paralegal Certificate Program:
- High School:
- Licenses, Registrations or Certifications:

Please tell us how you learned about the New York City Paralegal Association, Inc. and what type of events and/or seminar topics you are interested in:

How can we make NYCPA work for you?

I agree to be bound by the a National Federation of Paralegal Association’s Model Code of Ethics and Professional Responsibility and by the Bylaws as adopted by New York City Paralegal Association, Inc. I also attest that I have not been convicted of a felony and that I am not presently incarcerated.

_____ Date

_____ Signature

*****SIGNATURE IS REQUIRED TO COMPLETE APPLICATION PROCESS.*****

Send your application and check made payable to the New York City Paralegal Association, Inc.:

**New York City Paralegal Association, Inc. | P.O. Box 4484 | Grand Central Station | New York, New York 10163-448
P.O. Box 4484. Grand Central Station. New York, NY 10163-4484
www.nyc-pa.org**