

Membership Period: 03/01/12 thru 02/28/13

Voting Membership Dues: \$45



AAPA Board Use Only

Rec'd: \_\_\_\_\_

Approved: \_\_\_\_\_

Dues: \_\_\_\_\_

**ALAMO AREA PARALEGAL ASSOCIATION, INC.  
APPLICATION FOR VOTING MEMBERSHIP**

(For use by new members or members upgrading to Voting Membership status)

**INSTRUCTIONS:** Return the completed Application for Voting Membership with dues check made payable to AAPA to: Membership Director, AAPA, PO Box 90037, San Antonio, TX 78209. Please send questions to [membership@alamoparalegals.org](mailto:membership@alamoparalegals.org).

If application reflects a change in membership status, please check the appropriate box:

Associate to Voting

Student to Voting

NAME: _____	DOB: _____ (Month/Day)	BUSINESS PHONE: _____
EMPLOYER: _____		FAX NUMBER: _____
ADDRESS: _____	CITY: _____	STATE: _____ ZIP: _____
HOME ADDRESS: _____	CITY: _____	STATE: _____ ZIP: _____
EMAIL ADDRESS: _____		HOME PHONE: _____
* NOTE: An E-mail address is necessary to receive announcements and AAPA's monthly newsletter <i>The AAPA Review</i> .		
REFERRED BY: _____		

I would like any mailings to be sent to my:

HOME

OFFICE.

**1. Educational Background**  
College/Paralegal Program

Degree Obtained

Graduation Date

_____	_____	_____
_____	_____	_____
_____	_____	_____

**2. Paralegal Experience**  
Employer

Address

Dates of Employment

_____	_____	_____
_____	_____	_____
_____	_____	_____

AREA(S) OF PRACTICE: \_\_\_\_\_

\_\_\_\_\_  
APPLICANT'S SIGNATURE

\_\_\_\_\_  
DATE

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**Supervising Attorney Attestation**

I hereby attest that the above-named applicant is supervised by me and **is currently employed as a 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 Paralegals:

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 and keeping and meeting deadlines;

Preparing or interpreting legal documents for review by attorneys;

Selecting, compiling and using technical information from such references as digests, encyclopedias, or practice manuals;

Analyzing procedural problems and recommending solutions in certain fields; and

Preparing detailed office procedures for efficient handling of specialized fields of law.

I further attest that this applicant's ethical and professional conduct is above reproach and that he/she is recommended for membership in this association.

Date: \_\_\_\_\_

Signature of Supervising Attorney: \_\_\_\_\_

Printed Supervising Attorney Name: \_\_\_\_\_

State Bar Number of Supervising Attorney: \_\_\_\_\_

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*Your membership privileges include reduced CLE luncheon rates, subscription to the monthly newsletter, and access to the Job Bank.*

**A \$20.00 charge will be assessed for all NSF checks**



## VOTING MEMBERSHIP

**Qualifications:** *A person eligible for Voting Membership shall be an individual currently employed as a Paralegal and who meets one of the following criteria:*

- (1) **EDUCATION:** has valid proof of completion of a full course of study prescribed for training of the Paralegal at an accredited approved college, university, junior college, or other institution or post-secondary school, and which course of study requires resident classes or courses for completion of such Paralegal program.

**OR**

- (2) **EMPLOYMENT:** has been employed as a Paralegal for a minimum of twelve (12) months. (This does not necessarily mean you must have worked for the same employer for those twelve months.)

Note: Only Voting members in good standing shall be qualified to vote at membership meetings or upon other matters coming before the members for action. *In order to maintain a Voting Membership status for the following membership year, you must obtain a minimum of six (6) CLE hours during this membership year (March 1 – February 28).*

Voting Members are prohibited from using their membership in AAPA for the purposes of marketing or supplying products or services to the legal profession, except those services offered by a Voting Member as a freelance Paralegal.

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### **AAPA NAME BADGE ORDER FORM** **(optional)**

If you would like an AAPA member name tag/badge, please send an **additional \$7.00 check or money order, payable to AAPA**, to: Membership Director, AAPA, PO Box 90037, San Antonio, Texas 78209.

Please **PRINT** your name **EXACTLY** as you want it to appear on your name badge:

\_\_\_\_\_

Your name badge will be mailed to the address where you've elected to receive AAPA mailings.