



New Orleans Paralegal Association *Founded 1978*

c/o Magnolia Legal, 650 Poydras Street, S 1521, New Orleans, Louisiana 70190

www.neworleansparalegals.org

2013 NEW MEMBER SPECIAL APPLICATION (offer from 2/15/13 to 4/15/13)

Membership is for a one-year term 1/1/13 to 12/31/13 renewable annually.

(Circle or mark where appropriate)

Are you a **NEW MEMBER** or a **RENEWING MEMBER (whose membership has lapsed for 2 years)?**

NAME _____
(Last) (First) (Middle Initial)

E-MAIL ADDRESS* _____

EMPLOYER NAME*: _____

Preferred address for NOPA mail:

BUSINESS : _____

or (Street) (City) (State), (Zip) (Phone)

HOME ADDRESS: _____
(Street) (City) (State), (Zip) (Phone)

Where are you most likely to attend meetings?: ___ CBD, ___ Metairie, ___ Northshore ___ N/A

***An email address and employer's name ARE REQUIRED in order to process your application. Your email address will only be used for NOPA purposes such as meeting notices, event notification or educational opportunities.**

MEMBERSHIP STATUS

Please select the Membership Category below that best describes you NOW, at the time of Application/Renewal.

DEFINITION: A Paralegal is a person qualified, through education, training or work experience, to perform substantive legal work that requires knowledge of legal concepts and is customarily, but not exclusively, performed by a lawyer. This person may be retained or employed by a lawyer, law office, governmental agency or other entity or may be authorized by administrative, statutory or court authority to perform this work. "Substantive" shall mean work requiring recognition, evaluation, organization, analysis, and communication of relevant facts and legal concepts.

VOTING MEMBER (\$60 – special price \$ 35) Shall be employed as a paralegal as defined above at the time of application for, or renewal of, membership. A voting member shall be entitled to one vote on all matters which require the vote of members of the New Orleans Paralegal Association and shall have the right to make motions, hold office and serve on the Board of Directors. **A voting member shall possess at least ONE of the following qualifications:**

(1) Bachelor's degree and one year paralegal experience and is employed or retained as a paralegal; (2) Completion of an ABA approved paralegal program or a paralegal studies program that is not ABA approved but meets the substantive legal studies requirements pursuant to ABA guidelines and is employed or retained as a paralegal; (3) Two years' paralegal experience and is employed or retained as a paralegal.

ASSOCIATE NON-VOTING MEMBER (\$55 – special price \$35) Please check the box that applies to you: ___ A person seeking first-time employment as a paralegal following the completion of a paralegal studies program; ___ A person who has previously been, but is not now, employed as a paralegal and meets the qualifications for a voting member. Associate members shall not be entitled to vote on matters which require the vote of members of the New Orleans Paralegal Association and shall not have the right to make motions, hold office or serve on the Board of Directors.

STUDENT MEMBER (\$40 special price \$35) A person currently enrolled at the time of application in a formal course of Paralegal Studies. Proof of enrollment must be confirmed. Student members shall not be entitled to vote on matters which require the vote of members of the New Orleans Paralegal Association and shall not have the right to make motions, hold office or serve on the Board of Directors.

Are you a practicing paralegal? ___ Yes ___ No **Please provide your years of experience:** _____

Highest Level of Education: High School; Tech/Trade/Some College; AA/AS or Para Cert.; BA/BS; Graduate

Did you complete a Paralegal Studies Program? Yes ___ No ___ **If Yes, where?** _____

Was it ABA Approved? ___ Yes ___ No **Did you receive a certificate?** ___ Yes ___ No

By submitting this application I certify that I have read and understand the classes of Membership described herein and I meet the criteria as a Paralegal and for the membership class for which I am applying or renewing. SIGNATURE: _____ Date _____