



MEMBERSHIP APPLICATION

(please type or print)

Name: _____

Home Address: _____

Home Phone: _____

Employer: _____

Business Address: _____

Business Phone: _____

E-mail Address: _____

To which address would you like your newsletter mailed? _____ Home _____ Business

Are you a NALA (National Association of Legal Assistants) Members? _____ yes _____ no

Type of membership applying for: _____ Active _____ Student _____ Associate _____ Sustaining

MAPA encourages all members to serve on a committee. The typical time requirement for a committee is 6 hours a year. Which committee are you interested in serving on:

_____ Education (assisting the Education Chair with locating speakers for the luncheon half-day seminars and mailing announcements to the membership.)

_____ Public Relations (planning the Social Hour, recommendations regarding community activities, outstanding paralegal of the year award)

_____ Student (planning the student reception and scholarship award)

_____ Newsletter (writing or soliciting articles for the quarterly newsletter)

_____ Mentoring committee (soliciting mentors for students and new paralegals, matching members with a mentor, maintaining the database)

Active Membership

For those applying for Active Membership, under Section III of the MAPA standing rules, which qualification do you meet? A B C

Instructions: To meet qualification for "A", please complete the application and attach a copy of your CLA certificate from NALA and complete Attestation #1. To meet qualification "B", please complete the application and attach a copy of your certificate of completion from your formal course of study for paralegals/legal assistants and complete Attestation #1. To meet qualification "C", please complete the application and complete Attestation #2 for as many employers as needed to meet the required number of years of experience.

Student Membership

For those applying for Student Membership, are you at least 18 years of age and are you currently enrolled in a formal course of study for paralegals/legal assistants?

EDUCATION AND TRAINING

(All applicants must complete this section)

Have you completed a formal course of study in paralegal/legal assistant training? _____

If so, where? _____
(Student Applicants: Please note present educational institution)

What was the length of study? _____ What was the date of completion? _____
(Student Applicants: Please not anticipated date of completion)

Did you attain a certificate of completion? (Please attach a copy)

Have you attained any college level education? yes no

If yes, where? _____

Degree: _____ When was your degree completed? _____

Are you a CLA as deemed by the National Association of Legal Assistants? _____

When did you attain your CLA status? _____

Do you have training in other/specialty areas? Please list: _____

EMPLOYMENT

Present Position:

What is your present area(s) of specialty? _____

Dates of employment for your present position: _____ to present.

Job title: _____

Please give a detailed description of your present duties: _____

Previous Employer: _____

Dates of employment: _____ to _____

Previous job title: _____

Other Previous Employer: _____

Dates of employment: _____ to _____

Previous job title: _____

(If you have other previous employers that should be listed to meet membership requirements, please attach a separate piece of paper)

(If applying under qualification "B", your attorney employer must complete the following.)

Attestation #1

I hereby attest that I am a licensed attorney in good standing. I further attest that _____ is a qualified paralegal/legal assistant in employee with _____.

Dated this _____ day of _____, 20 __.

Signature

Type or Print Name

Street Address

City, State, Zip

(If applying under qualification "C", your employer and past employers (if necessary) must complete the following. Please use as many attestations as needed.)

Attestation #1

I hereby attest that I am a licensed attorney in good standing. I further attest that _____ is a qualified paralegal/legal assistant in employee with _____ and has worked in the capacity of a paralegal/legal assistant for _____ year(s) for the above mentioned firm/corporation/business/government body.

Dated this _____ day of _____, 20 __.

Signature

Type or Print Name

Street Address

City, State, Zip

APPLICANT'S CERTIFICATION

(Please read the following carefully. This section must be completed by all applicants)

I certify that the information provided in this application for membership with the Madison Area Paralegal Association is true and correct and that I qualify for the membership (as contained in Section III of the Standing Rules) for which I am applying. Upon payment of the appropriate dues and acceptance into membership, I agree to be bound by the MAPA and NALA Code of Ethics and Professional Responsibility.

Date: _____ Applicant's Signature: _____

Please send your check for the appropriate amount of dues with your application for membership to:

Membership Chair
Madison Area Paralegal Association
P. O. Box 2242
Madison, WI 53701-2242

Active:	\$70
Government Employee:	\$30
Student:	\$25
Associate:	\$35
Sustaining	\$50 and above

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