



HOUSTON PARALEGAL ASSOCIATION
AN AFFILIATE OF THE NATIONAL ASSOCIATION OF LEGAL ASSISTANTS, INC.

APPLICATION FOR MEMBERSHIP

Membership term is Jan. 1st to Dec. 31st

Membership Categories

\_\_\_\_\_ New

\_\_\_\_\_ Renewal

\_\_\_ \$35.00 Active Members, as defined by HPA bylaws, are persons who are qualified by education, training or work experience who are employed or retained by a lawyer, law office, corporation, governmental agency or other entity and who perform specifically-delegated, substantive legal work for which a lawyer is responsible.

\_\_\_ \$25.00 Associate Members, as defined by HPA bylaws, are persons who are employed as paralegal trainees and/or students enrolled in a paralegal program, and paralegals meeting criteria for Active Membership but who are not currently employed under the direct supervision of an attorney.

Instructions:

Complete, sign and date application. Attach additional pages if necessary to complete answers. Confirm that Attorney Acknowledgement of Applicant is completed, signed and dated. Please send completed application and check made payable to

Houston Paralegal Association, Attn: Membership Committee, P.O. Box 2466, Houston, Texas 77252

Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Home E-mail: \_\_\_\_\_

Employer: \_\_\_\_\_

Work Address: \_\_\_\_\_

(include city, state and zip code/must be provided)

Position/Title: \_\_\_\_\_ Years worked as a Paralegal: \_\_\_\_\_

Work E-mail: \_\_\_\_\_ Work Phone No.: \_\_\_\_\_

Preferred mailing address: \_\_\_ Work or \_\_\_ Home Date of Birth (month/day): \_\_\_\_\_

May we share your e-mail with other professional organizations: \_\_\_ Yes \_\_\_ No

If you are certified, please state your certification (i.e., CLA, CP, TBLS, etc.) \_\_\_\_\_ Year Certified: \_\_\_\_\_

APPLICANT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

ACTIVE MEMBERS MUST HAVE THEIR SUPERVISING ATTORNEY CO-SIGN THIS APPLICATION:

ATTORNEY NAME [Printed]: \_\_\_\_\_ Bar No.: \_\_\_\_\_

ATTORNEY SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

FOR ASSOCIATE MEMBERSHIP ONLY, MUST BE COMPLETED FOR APPROVAL:

If qualifying as a Student, please provide the name & address of Paralegal School/Program for verification (provide complete address.)

If qualifying with previous paralegal experience, provide name of employer, supervising attorney, address and telephone number for verification.

School/Program: \_\_\_\_\_

Graduation Year: \_\_\_\_\_

Please circle a Committee that you would like to serve on:

CLE Membership Public Relations Social Website Newsletter