

HOUSTON PARALEGAL ASSOCIATION

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

APPLICATION FOR MEMBERSHIP

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

- 1. Complete, sign and date application. Attach additional pages if necessary to complete answers.
- 2. Confirm that Attorney Acknowledgement of Applicant is completed, signed and dated.
- Please send completed application and check made payable to Houston Paralegal Association to: Houston Paralegal Association, P.O. Box 2466, Houston, Texas 77252

| Name: | | | | | |
|---|--|-------------------------------|---------------------------|-----------------|---|
| Home Address: | | | | | |
| City, State, Zip Co | ode: | | | | |
| Telephone: | | Hom | e E-mail: | | |
| Employer: | | | | | |
| Work Address: | | city, state and zip code/must | be provided) | | |
| Position/Title: | | Year | s worked as a Paralegal:_ | | |
| Work E-mail: | | | Work Phone No.: | | |
| Preferred mailing a | address: | Work orHome | Date of Birth (month/day |): | |
| May we share you | ır e-mail with other p | professional organizations | :Yes | _ No | |
| If you are certified | , please state your o | certification (i.e., CLA, TBL | _S, etc.) | | |
| APPLICANT SIGN | NATURE: | | | DAT | E: |
| ACTIVE MEMBER | RS MUST HAVE TH | EIR SUPERVISING ATTO | ORNEY CO-SIGN THIS A | PPLICATION: | |
| ATTORNEY NAM | E[Printed]: | | E | Bar No.: | |
| ATTORNEY SIGN | IATURE: | | | DA | ATE: |
| If qualifying as a S If qualifying with p verification. | Student, please prov previous paralegal e | experience, provide name | f Paralegal School/Progra | attorney, addre | (Provide complete address.) ss and telephone number for |
| Graduation Year: | | | | | |
| Please check one | e: preference pape | r certificate or e | lectronic certificate | ? | |
| Please circle a Co | mmittee that you wo | ould like to serve on: | | | |
| CLE | Membership | Public Relati | ons Social | Web | osite Newsletter |