



ASHEVILLE AREA
PARALEGAL ASSOCIATION

Membership Application

Dues Year: January 1 – December 31

No Pro-Rating of Dues

Professional/General: For currently employed paralegal/legal assistants, or teachers of legal assistant/paralegal education, or those employed within the judicial system or others* in fields which can be shown, via a description of one's duties, to be closely related to the legal profession. *Please attach a description of your job duties which you feel relate your position to the legal profession. AAPA's Membership Committee will review the submission and make a determination of applicability to this level of membership or others in fields closely related to the legal profession.

This level of membership carries full voting privileges, and members at this level are also the only members who may serve as officers, directors or committee chairpersons.

Dues..... \$40.00 per year

Associate: Available to individuals (whether retired or otherwise currently unemployed), members of bar associations, businesses, organizations, and others who share the objectives of AAPA, and who wish to support its mission, programs and services. This classification allows bar associations, businesses, and organizations to own the membership, but said bar association, business, and organization, must designate only one person to serve as its attending member; and, said entitlement is not transferrable unless the chosen representative is no longer employed or associated with the member association, business or organization.

This level of membership allows an individual to serve as a voting member of committees only.

Dues..... \$25.00 per year

Student: For full-time students in paralegal/legal assistant training, who are not currently employed as a paralegal/legal assistant, unless it is shown said employment is an internship, and therefore part of the student's curriculum; an individual is allowed a maximum of four years in the Student classification of membership. Please attach a letter from your school that you are enrolled in its paralegal program and your expected graduation date.

No voting privileges are extended to this level.

Dues..... \$15.00 per year

Educational Institutions: Limited to educational institutions only. One teacher/representative and one first time non-member student may attend monthly meetings at no additional membership cost (mandatory RSVP per month).

This level of membership allows one teacher/representative to serve as a voting member of committees only.

Dues..... \$75.00 per year

Patron: Available to members of the Bar, bar associations, businesses, organizations, educational institutions, and other entities or persons who wish to sponsor the AAPA and who wish to support its mission, programs, and services. Patron members will be referred to as "sponsors" and will receive recognition at educational, membership, and social events, in literature, and online postings.

Dues..... \$200.00 per year

Asheville Area Paralegal Association
Application for Membership

THIS SECTION TO BE COMPLETED BY ALL APPLICANTS

NAME (first, middle initial, last) _____

Home Address _____

City _____ State _____ Zip Code _____ Home Phone _____

Cell Phone _____ Home E-mail _____

Employer Name _____

Employer Address _____

City _____ State _____ Zip Code _____

Employer Phone _____ Fax _____ E-mail _____

_____ I am a North Carolina Certified Paralegal _____ I intend to apply for certification by the NC State Bar

I hereby apply for membership in the Asheville Area Paralegal Association in the following membership level:

_____ Professional/General _____ Associate
_____ Student _____ Patron _____ Educational Institution

I have received, reviewed, and agree to be bound by the Code of Conduct as adopted by AAPA. I further certify I have not been convicted of a felony in this or any other state, and understand this application is subject to approval by AAPA. I acknowledge the Membership Roster of AAPA is available online as a benefit of membership, and only for official use in connection with AAPA business and communication among members. I agree I will not divulge information contained therein to non-members of AAPA for any reason whatsoever.

Date _____ Signature _____

To be completed by applicants for Professional/General or Associate Membership

Name of immediate supervisor [for retired applicant, last]: _____

Specialty area of practice (i.e. litigation, real estate, etc.): _____

How long employed in your current position? _____ Total years legal experience _____

Title assigned by your firm (i.e. Paralegal, Legal Asst., etc.): _____

Formal or special education (name and address of school attended) or training for present position:

Choose the most appropriate description of your employer:

_____ Private law office _____ Law department, non-profit organization
_____ Judicial agency, court _____ Corporate law department
_____ Government legal agency _____ Other (specify) _____

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To be completed by applicants for Student membership

Name of school _____
Address of school _____
Length of program/course _____
Expected graduation date/date of graduation _____

To be completed by applicants for Educational Institutions membership

Name of Teacher/Representative _____
Name of school _____
Address of school _____
Telephone _____ Fax _____ Email _____

To be completed by applicants for Patron membership

Name of Representative _____
Business Name _____
Business Address _____
Telephone _____ Fax _____ Email _____
Website _____

Submission of Application: Please submit the fully-completed Application to the Membership Chair at the next monthly meeting of AAPA, or by mailing the form to the address below. Incomplete applications, or those not accompanied by the appropriate dues payment, cannot be processed.

Membership Committee Chair
Asheville Area Paralegal Association
P. O. Box 1713
Asheville, NC 28802

Contributions, dues or gifts to Asheville Area Paralegal Association are not deductible as charitable contributions for federal income tax purposes; however, payments may qualify as ordinary and necessary business expenses.

Do not write below this line; for official use only.

Date Application Received _____

Paid by: Firm Check No. _____ Personal Check No. _____