

ASSOCIATE MEMBERSHIP APPLICATION

For Membership Year 2010

EL PASO PARALEGAL ASSOCIATION, INC.

Please attach the appropriate proof of education, qualifications and attorney attestation.

NAME: _____

HOME ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

HOME NUMBER _____

EMPLOYER: _____ AREA OF LAW: _____

OFFICE ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

OFFICE PHONE: _____ FAX NUMBER: _____

E-MAIL: _____

PREFERRED MAILING ADDRESS: BUSINESS _____ HOME _____

*******MEMBERSHIP PERIOD IS JANUARY TO DECEMBER*******

ASSOCIATE MEMBERSHIP DUES: \$40.00 (\$25.00 fee will be assessed on returned checks)

Please make check payable to EPPA and return to the address listed below:

Tammy Diaz
Vice-President of Membership
Volk, Poulos & Coates, LLP
5915 Silver Springs Bldg. 1
El Paso, Texas 79912
915-760-5151
E-mail: tammy@vpclaw.com

EL PASO PARALEGAL ASSOCIATION, INC.
An Affiliate of the National Association of Legal Assistants

ATTORNEY EMPLOYER ATTESTATION FORM

To be completed when the applicant meets the following criteria for **Associate Membership**:

1. Be presently employed as a paralegal under the direct supervision of a duly licensed attorney, but has not yet satisfied the educational requirements of employment experience as a paralegal under sections 1 thru 8 (Qualifications for Active Membership); but otherwise satisfying the criteria for active membership; or
2. Be presently employed as a coordinator or supervisor of a paralegal program within a law firm, company or agency, and previously having met the criteria set forth under sections 1 thru 8 (Qualifications for Active Membership); or
3. Be presently employed by a company or agency related to the legal profession but is not under the direct supervision of a duly licensed attorney; but otherwise satisfying certification or educational requirements for active membership; or
4. Possess a minimum of 1 year of experience as a paralegal, be currently unemployed, without satisfying the requirements of employment as a paralegal under sections 1 thru 8 (Qualifications for Active Membership).

All applications meeting the qualifications of Section 4 (above) must submit a current resume with his/her application, shall be a member for a period of one year, and must be employed at the time of membership renewal.

ATTESTATION

I hereby attest that _____ is employed by me and is recognized as a paralegal as defined below. I further attest that applicant has been employed by me since _____ / _____ (month/year) and is recommended for membership in the El Paso Paralegal Association, Inc.

Attorney Signature

Bar Number: _____

Firm name, address and telephone number:

4.02 Definition of Paralegal: A legal assistant or paralegal is a person qualified by education, training or work experience who is employed or retained by a lawyer, law office, corporation, governmental agency or other entity who performs specifically delegated substantive legal work, for which the lawyer is responsible. (Adopted by the ABA in 1997)

DECLARATION

I, (print or type applicant name) _____, hereby declare my interest in and sympathy with the purposes of the El Paso Paralegal Association, Inc., and hereby promise to adhere to the Articles of Incorporation and the Bylaws. I understand that I will remain an Associate Member until I meet the qualifications of Active Membership at which time I may submit application for Active Membership. I understand that as an Associate Member I shall only be entitled to vote on such matters that are submitted by the Board of Directors to Associate Members. I promise to pay the dues for Associate Members. I understand this application is subject to formal approval by the Membership Committee of the El Paso Paralegal Association, Inc.

Signature of applicant

Date

NOTICE

UPON APPROVAL OF YOUR APPLICATION, YOU WILL RECEIVE A COPY OF EPPA'S BYLAWS. PLEASE CONTACT US IF YOU WISH TO REVIEW A COPY OF THE BYLAWS BEFORE APPROVAL OF YOUR APPLICATION.