

**ASSOCIATE MEMBERSHIP APPLICATION**

**For Membership Year 2011**

***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:

Bonnie Concha  
Vice-President of Membership  
El Paso Paralegal Association (EPPA)  
Volk, Poulos & Coates, LLP  
5915 Silver Springs Dr., Bldg. 1  
El Paso, Texas 79912  
(915) 760-5151  
(915) 760-5252 Fax  
Email: [Bonnie@vpclaw.com](mailto:Bonnie@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.***