

STUDENT MEMBERSHIP APPLICATION
For Membership Year 2011
EL PASO PARALEGAL ASSOCIATION, INC.

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

NAME: _____

HOME ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

HOME NUMBER _____

E-MAIL: _____

SCHOOL ATTENDING: _____

EXPECTED DATE OF GRADUATION: _____

LENGTH OF PARALEGAL TRAINING PROGRAM: _____

HOURS/SEMESTERS COMPLETED: _____

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

STUDENT MEMBERSHIP DUES: \$15.00 (\$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 Tel
(915) 760-5252 Fax
Email: Bonnie@vpclaw.com

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

ATTESTATION FORM

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

1. Be currently enrolled in an ABA approved program of education and training for paralegals; or
2. Be currently enrolled in a paralegal program that consists of a minimum of sixty (60) semester hours (or equivalent quarter hours) of which fifteen (15) are substantive legal courses; or
3. Be currently enrolled in a paralegal program that consists of fifteen (15) semester hours of substantive legal courses.

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 a Student Member until I meet the qualifications of Associate or Active Membership at which time I may submit application for same. I promise to pay the dues for Student 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

TO BE COMPLETED BY THE PARALEGAL PROGRAM COORDINATOR OR INSTRUCTOR:

I HEREBY ATTEST THAT _____

IS A STUDENT AND IS CURRENTLY ENROLLED IN THE PARALEGAL PROGRAM AT

_____ (name of school).

SIGNATURE: _____

TITLE: _____

DATE: _____