

SUSTAINING MEMBERSHIP APPLICATION
FOR MEMBERSHIP YEAR 2011
EL PASO PARALEGAL ASSOCIATION, INC.
An Affiliate of the National Association of Legal Assistants

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

TELEPHONE: _____

E-MAIL: _____

As a Sustaining Member, I/we hereby declare our interest in and sympathy with the purposes of the El Paso Paralegal Association, Inc., and hereby pledge our support. I/we promise to pay the dues for Sustaining members. I/we understand this application is subject to formal approval by the Membership Committee of the El Paso Paralegal Association, Inc.

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

MEMBERSHIP FEE: \$60.00 (\$25.00 fee will be assessed on returned checks)

Please make check payable to EPPA and submit this form to the address listed below:

Bonnie Concha
Vice-President of Membership
El Paso Paralegal Association (EPPA)
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El Paso, Texas 79912
(915) 760-5151
(915) 760-5252 Fax
Email: Bonnie@vpclaw.com