

CUMBERLAND COUNTY PARALEGAL ASSOCIATION

APPLICATION FOR MEMEBERSHIP

Please complete and remit to the CCPA Membership Chair for Application for
GENERAL, ASSOCIATE, OR STUDENT Memberships.

Name: _____

Home Address: _____

Home Phone Number: _____

Cell Phone Number: _____

Name of Employer: _____

Work Address: _____

Work Phone Number: _____ **Facsimile Number:** _____

E-Mail Address: _____

How did you become acquainted with the Cumberland County Paralegal Association?

I hereby apply for _____ GENERAL _____ ASSOCIATE _____ STUDENT membership in the Cumberland County Paralegal Association. I agree to be bound by the code of Ethics and Professional Responsibility of the North Carolina Bar Association Legal Assistants Division and the Bylaws as adopted by the Cumberland County Paralegal Association. I further certify that I have not been convicted of a felony in this or any other State and understand that this application is subject to approval of the Cumberland County Paralegal Association.

Signature of Applicant: _____ **Date:** _____

MEMBERSHIP CATEGORIES

GENERAL MEMBERSHIP

Dues \$30.00 (May 1st – April 30th) This must accompany application. There is no prorating of dues. Only General Members are entitled to vote at all meetings of the Association and are eligible to serve as officers, directors or committee chairman.

General Membership Requirements – General Membership is open to all individuals who reside or are employed within the area designated by the Cumberland County Paralegal Association and must fall in at least one of the following three categories.

Graduate of an accredited Paralegal Training School or Program and is, or has been, employed under the direct supervision of a licensed practicing attorney.

Name of Paralegal Training School: _____

City and State where school is located: _____

Date of Graduation: _____

OR

Name of Law Firm or Attorney: _____

Number of years employed with said Law Firm or Attorney: _____

Completed at least 2 years of continuous on the job training as a paralegal/legal assistant/legal secretary under the direct supervision of a licensed, practicing attorney.

ATTORNEY-EMPLOYER ATTESTATION

I hereby attest that _____ is currently employed by me and is recognized as a paralegal/legal assistant/legal secretary and that he/she, under the supervision of and direction of an attorney, is capable of the following services as generally described by the American Bar Association.

- Applying knowledge of the law and legal procedure in drafting legal documents and other papers in certain fields of law.
- Exercising judgment and working independently with respect to assigned tasks, keeping and meeting deadlines.
- Preparing and interpreting legal documents for review by attorneys.
- Selecting, compiling and using technical information from such references as digests, encyclopedias, or practice manuals.
- Analyzing procedural problems and recommending solutions in certain fields of law; and
- Preparing detailed office procedures for efficient handling of specialized field (s) of law.

I further attest that the applicant has been employed by me as a paralegal/legal assistant/legal secretary since _____ to present; that applicant's ethical and professional conduct is above reproach and that he/she is recommended for membership for the CCPA.

Signature of Attorney-Employer: _____ Date: _____

Print or Type Name of Attorney-Employer: _____

Certified Legal Assistant (CLA) is in good standing. (Successful completion of the CLA exam or any recognized certification exam.)

Date of certification: _____
(copy of certification must be enclosed)

Certified Paralegal (CP) is in good standing. (Successful completion of the CP exam or any recognized certification exam or you came in under the Grandfather Clause)

Date of certification: _____
(copy of certification must be enclosed)

____ **ASSOCIATE MEMBERSHIP**

Dues \$30.00 (May 1st – April 30th) This must accompany application. There is no prorating of dues. Associate Members may serve as voting members of committees only and are eligible to serve as committee chairman.

Associate Membership Requirements – Associate Membership is open to individuals who reside or are employed within the area designated by the Cumberland County Paralegal Association and must meet one of the following five categories.

____ Completed at least 6 months of continuous on the job training as a paralegal/legal assistant/legal secretary under the direct supervision of a licensed, practicing attorney.

ATTORNEY-EMPLOYER ATTESTATION

I hereby attest that _____ is currently employed by me and is recognized as a paralegal/legal assistant/legal secretary and that he/she under the supervision and direction of an attorney, is capable of the following services as generally described by the American Bar Association.

- Applying knowledge of the law and legal procedure in drafting legal documents and other papers in certain fields of law.
- Exercising judgment and working independently with respect to assigned tasks, keeping and meeting deadlines.
- Preparing and interpreting legal documents for review by attorneys.
- Selecting, compiling and using technical information from such references as digests, encyclopedias, or practice manuals.
- Analyzing procedural problems and recommending solutions in certain fields of law; and
- Preparing detailed office procedures for efficient handling of specialized field (s) of law.

I further attest that the applicant has been employed by me as a paralegal/legal assistant/legal secretary since _____ to present; that applicant's ethical and professional conduct is above reproach and that he/she is recommended for membership for the CCPA.

Signature of Attorney-Employer: _____ Date: _____

Print or Type Name of Attorney-Employer: _____

____ Graduate of a Paralegal Training School or Program but has no Paralegal practical experience.

Name of Paralegal Training School: _____

City and State where school is located: _____

Date of Graduation: _____

____ An educator of a Paralegal Training School or Program.

Name of Paralegal Training School: _____

City and State where school is located: _____

____ Qualified for General Membership, but is employed and resides outside the area designated by the Cumberland County Paralegal Association.

____ Licensed Attorney of the State of North Carolina.

STUDENT MEMBERSHIP

Dues \$20.00 (May 1st – April 30th) This must accompany application. There is no prorating of dues. Associate Members may serve as voting members of committees only and are eligible to serve as committee chairman.

Student Membership Requirements – Student Membership is open to individuals who are currently enrolled students in an accredited Paralegal Training School or Program.

THIS SECTION MUST BE COMPLETED BY THE SCHOOL INSTRUCTOR.

Name of School: _____

Address of School: _____

Expected Date of Graduation: _____

INSTRUCTOR ATTESTATION

I hereby attest that _____ is currently enrolled in the Paralegal Program at the school.

Signature of School Instructor: _____ Date: _____

Print or Type the Name of Instructor Attesting: _____



Contributions or gifts to the Cumberland County Paralegal Association are not deductible as a charitable contribution for federal tax purposes; however, payments as ordinary necessary business expenses.

By submitting this application, the applicant acknowledges that the Membership Director of CCPA is offered as a benefit of membership only for official use in connection with CCPA business and communication among the members and agrees he/she will not divulge the information contained therein to non-members of the CCPA for any reason whatsoever.

Please allow for up to six weeks processing time.

PLEASE DIRECT ANY QUESTIONS AND RETURN COMPLETED APPLICATION TO:

CCPA Membership Chair
Post Office Box 1342
Fayetteville, NC 28302
Cumberlandparalegal@nc.rr.com

<p><u>For CCPA Use Only</u></p> <p>Date Received: _____</p> <p>Date Accepted: _____</p> <p>Date Denied: _____</p> <p>Reason for denial: _____</p> <p>_____</p> <p>Membership Package Sent: _____</p> <p>(For New Members Only)</p>
