



WESTERN MASSACHUSETTS PARALEGAL ASSOCIATION

2017 MEMBERSHIP APPLICATION

Name: _____

Preferred mailing address: ___ Home ___ Work

Home Address: _____

Home Phone: _____ E-mail: _____

Employer: _____

Employer Address: _____

Tel.: _____ E-mail: _____

Area(s) of specialization: _____

Membership in WMPA is based on a calendar year beginning January 1st. All members are expected to read and abide by the WMPA Model Code of Ethics and Professional Conduct which can be viewed on WMPA's website. Membership status is subject to review by the Board of Directors.

MEMBERSHIP CATEGORY (Select one)

As defined in the WMPA's by-laws, a paralegal/legal assistant is a person, qualified through education, training and/or work experience to perform substantive legal work that requires knowledge of the law, legal procedure, and skills related to the law and who works under the supervision of an attorney or is authorized by administrative, statutory, or court authority to perform this work. This person may be retained or employed by a lawyer, law office, governmental agency, corporation, or other entity.

VOTING \$65 _____ Any person employed as a paralegal at the time of application or renewal, shall be eligible to become a Voting Member. A Voting Member shall be entitled to one vote in the Association and shall have the privilege of holding office in the Association.

By signing below, I hereby certify that I am currently employed as a paralegal as defined above.

NON-VOTING ASSOCIATE \$65 _____ Any person who has been employed as a paralegal or has graduated from a paralegal program and is not employed at the time of application or renewal.

NON-VOTING STUDENT \$35 _____ Any person who is not employed as a paralegal but enrolled in a paralegal educational or training program or serving a paralegal internship related to such a program at the time of application or renewal. I am currently enrolled at _____ and expect to graduate in _____.

SUSTAINING MEMBER \$150 _____ if interested in this category of membership, please contact WMPA.

Please indicate the committee(s) on which you would be interested in serving:

_____ Nominating _____ Newsletter _____ Pro Bono _____ Membership
_____ Programs _____ Student Liaison _____ Bar Liaison _____ Other _____

Dated: _____

Signature

Please return completed application with a check payable to WMPA, P.O. Box 15003, Springfield, MA 01115.