



Asheville Area Paralegal Association
Application for Membership

Membership Categories & Dues

Dues Year: January 1 - December 31
No Pro-Rating of Dues

Professional/General: For currently employed paralegal/legal assistants, or teachers of legal assistant/paralegal education, or those employed within the judicial system, or others in fields closely related to the legal profession. ***This level of membership carries full voting privileges, and members at this level are also the only members who may serve as officers, directors or committee chairpersons;***

Dues \$30.00 per year

Associate: Available to individuals (whether retired or otherwise currently unemployed), members of bar associations, businesses, organizations, educational institutions, and others who share the objectives of the Association and who wish to support its mission, programs and services. This classification allows bar associations, businesses, organizations, and educational institutions to own the membership, but said bar association, business, organization, and educational institution must designate only one person to serve as its attending member; and, said entitlement is not transferrable unless the chosen representative is no longer employed or associated with the member association, business organization or educational institution. ***This level of membership allows an individual to serve as a voting member of committees only.*** *See below for requirements of the sub-category "Graduate Associate".

Dues \$20.00 per year

*Recent graduates of an accredited paralegal training school or program, who have not yet gained practical experience as a paralegal, may join the Association as an Associate member, and enjoy the privilege of becoming a voting member of committees, for a period of not more than one year, at which time said **Graduate Associate** member is expected to transfer to the Professional/General level of membership.

Dues \$20.00 per year

Student: For full-time students in paralegal/legal assistant training, who are not currently employed as a paralegal/legal assistant, unless it is shown said employment is an internship, and therefore part of the student's curriculum; an individual is allowed a maximum of four years in the Student classification of membership. Please attach a letter from your school that you are enrolled in its paralegal program and your expected graduation date. ***No voting privileges are extended to this level.*** *See above note for graduates and related membership level.

Dues \$10.00 per year

Educational Institutions: Limited to educational institutions only. One teacher/representative, and his/her entire class, not to exceed 25 students, may attend monthly meetings at no additional membership cost [mandatory RSVP of total number attending]. ***This level of membership allows one teacher/representative to serve as a voting member of committees only.***

Dues \$75.00 per year

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THIS SECTION TO BE COMPLETED BY ALL APPLICANTS

NAME (first, middle initial, last) _____

Home Address _____

Home Phone _____ Home E-mail _____

Employer Name _____

Employer Address _____

Employer Phone _____ Fax _____ E-mail _____

- | | |
|--|--|
| <input type="checkbox"/> Use my home address for mailings | <input type="checkbox"/> Please include my name and e-mail address in the online Roster; |
| <input type="checkbox"/> Use my work address for mailings | _____ Work e-mail or _____ Home e-mail |
| <input type="checkbox"/> I am a North Carolina Certified Paralegal | <input type="checkbox"/> Please include only my name in the online Roster |
| <input type="checkbox"/> I intend to apply for certification by the N.C. State Bar | <input type="checkbox"/> Please do not include any contact |

How did you hear about AAPA? _____

I hereby apply for membership in the Asheville Area Paralegal Association in the following membership level:

- | | |
|--|---|
| <input type="checkbox"/> Professional/General | <input type="checkbox"/> Graduate Associate |
| <input type="checkbox"/> Associate | <input type="checkbox"/> Student |
| <input type="checkbox"/> Educational Institution | |

I have received, reviewed, and agree to be bound by the Code of Conduct as adopted by AAPA. I further certify I have not been convicted of a felony in this or any other state, and understand this application is subject to approval by APA. I acknowledge the Membership Roster of APA is available online as a benefit of membership, and only for official use in connection with APA business and communication among members. I agree I will not divulge information contained therein to non-members of APA for any reason whatsoever.

Date _____ Signature _____

To be completed by applicants for Professional/General or Associate Membership

Name of immediate supervisor [for retired applicant, last]: _____

Specialty area of practice (i.e. litigation, real estate, etc.): _____

How long employed in your current position? _____ Total years legal experience _____

Title assigned by your firm (i.e. Paralegal, Legal Asst., etc.): _____

Formal or special education (name and address of school attended) or training for present position:

Choose the most appropriate description of your employer:

- | | |
|--|--|
| <input type="checkbox"/> Private law office | <input type="checkbox"/> Law department, non-profit organization |
| <input type="checkbox"/> Judicial agency, court | <input type="checkbox"/> Corporate law department |
| <input type="checkbox"/> Government legal agency | <input type="checkbox"/> Other (specify) _____ |

Number of Attorneys _____ Legal Personnel _____ Other _____

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To be completed by applicants for Graduate Associate or Student membership

Name of school _____

Address of school _____

Length of program/course _____

Expected graduation date/date of graduation _____

Submission of Application: Please submit the fully-completed Application to the Membership Chair at the next monthly meeting of the Association, or by mailing the form to the address below. Incomplete applications, or those not accompanied by the appropriate dues payment, cannot be processed.

Melanie Miller, NCCP
Membership Committee Chair
Asheville Area Paralegal Association
P. O. Box 1713
Asheville, NC 28802

Contributions, dues or gifts to Asheville Area Paralegal Association are not deductible as charitable contributions for federal income tax purposes; however, payments may qualify as ordinary and necessary business expenses.

Do not write below this line; for official use only.

If membership is approved, notice will be given to applicant in writing or by email, announced at the next monthly Association meeting, and/or noted on the AAPA website.

Date Application Received _____

Paid by: Firm Check No. _____ Personal Check No. _____

Received by _____

Title, if not Chair _____

NOTE: AAPA's Bylaws prohibit our accepting a member who has been convicted of a felony.