

Asheville Area Paralegal Association  
Application for Membership

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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.  
\$20.00/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. ***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**

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

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**THIS SECTION TO BE COMPLETED BY ALL APPLICANTS**

NAME (first, middle initial, last) \_\_\_\_\_

Home Phone \_\_\_\_\_

E-mail \_\_\_\_\_

Home Address \_\_\_\_\_

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

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            |

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 AAPA. I acknowledge the Membership Roster of AAPA is available online as a benefit of membership, and only for official use in connection with AAPA business and communication among members. I agree I will not divulge information contained therein to non-members of AAPA 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 as a legal assistant? \_\_\_\_\_ 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 and 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 Secretary or Committee 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  
c/o Van Winkle Law Firm  
11 N. Market Street  
Asheville NC 28801

*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, announced at the next monthly Association meeting, and/or noted on the AAPA website.**

Date Application Received \_\_\_\_\_

Payment \_\_\_\_\_ included; \$ \_\_\_\_\_

Paid by \_\_\_\_\_ Firm check, No. \_\_\_\_\_

\_\_\_\_\_ Personal check, No. \_\_\_\_\_

Received by \_\_\_\_\_

Title, if not Chair \_\_\_\_\_