



2011 MEMBERSHIP APPLICATION

Please complete the following information in full. New Renewal

Name: _____

Employer: _____

Business Address: _____

City _____ State _____ Zip _____

Business Phone: _____ Business Fax: _____

Email: _____

Home Address: _____

Alternate Phone (Optional) _____

Where would you like mail sent? Home Work

Check here if you do not have email access to receive association communications.

Please check the following Specialty Sections or Groups that interest you.

- | | | |
|--|--|------------------------------------|
| <input type="checkbox"/> Family Law | <input type="checkbox"/> Litigation and Alternative Dispute Resolution | <input type="checkbox"/> Marketing |
| <input type="checkbox"/> Legal Research & Writing | <input type="checkbox"/> Workplace Law | <input type="checkbox"/> Education |
| <input type="checkbox"/> Contract Law | <input type="checkbox"/> Real Property and Environmental Law | |
| <input type="checkbox"/> Criminal Law | <input type="checkbox"/> Technology Law and Intellectual Property Law | |
| <input type="checkbox"/> Current Legal Issues | <input type="checkbox"/> Business and Contract Law | |
| <input type="checkbox"/> Estates, Trusts & Elder Law | <input type="checkbox"/> Pro Bono | |
| <input type="checkbox"/> Newsletter | <input type="checkbox"/> Bankruptcy, Collections & Creditors' Rights | |

MEMBERSHIP TYPE, QUALIFICATION REQUIREMENTS AND DUES

All applicable information must be completed.

- VOTING MEMBER**** (\$75.00) Open to any individual currently employed as a Paralegal for at least six (6) months and who holds one of the following from an education institute or paralegal education program accredited by an accrediting institution/agency appearing on the PPA-approved list:

Please check one of the following three options:

Bachelor's or Associate's Degree in Paralegal Studies

Name of College: _____

Bachelor's or Associate's Degree in any field and a paralegal certificate from a paralegal education program.

Name of College where degree was earned: _____

Name of College where certificate was earned: _____

Applicants not having a Bachelor's or Associate's Degree may qualify for Voting Membership with five years of employment as a paralegal.

Voting members MUST earn 3 CLE credits, 0.5 which is required to be Ethics. This will be confirmed by the PPA CLE Coordinator. It is the responsibility of the applicant to provide verification of receiving the required CLE credits to be considered a Voting Member. If the CLE requirement has not been met by the submission of the application, membership status will be changed to Associate.

ASSOCIATE MEMBER (\$75.00) Open to any individual who:

- Is a new member of PPA (first year, until Voting Member status is met).
- Is employed or retained as a paralegal and does not meet the criteria for Voting Member.
- Was previously employed as a paralegal, but currently is unemployed, under-employed or retired.
- Is a member in good standing of an NFPA member association other than PPA.
- Name of association: _____
- Is a graduate of a paralegal education program and currently unemployed or under-employed.
- Is a paralegal manager, coordinator, administrator or is employed in a similar position applying experience and/or education as a paralegal but does not perform paralegal duties.

STUDENT MEMBER (\$25.00) Open to any individual currently enrolled in a paralegal education program.

Name of college: _____

SUSTAINING MEMBER (\$100.00) Open to any individual or entity not meeting the criteria for a Voting or Associate Member and who is interested in being involved in and supporting the goals and purposes of PPA.

NOTE TO ALL MEMBERS

NFPA rents the association mailing lists to vendors for seminars, legal publications and other matters that benefit PPA members. The vendors must sign a contract with NFPA, use a bonded mailing house, and never have direct contact with the individuals on the mailing list. Do you wish to be included on the mailing list provided by NFPA to its vendors?

_____ YES _____ NO

AGREEMENT TO BE BOUND

I agree to be bound by the Articles of Incorporation, Bylaws and general procedures adopted by the Board of Directors of PPA and by the Model Code of Ethics and Professional Responsibility and Guidelines for Enforcement of the National Federation of Paralegal Associations. I understand that this application is subject to the approval of the Board of Directors of PPA and that all information I provide on this application may be confirmed.

Signature: _____ Date: _____

PAYMENT INFORMATION

Enclosed is my check in the amount of \$ _____ payable to **Pittsburgh Paralegal Association** for my membership dues for the fiscal year which will end on December 31, 2011. Please remit check to:
Pittsburgh Paralegal Association, Attn: Membership, P. O. Box 2845, Pittsburgh, PA 15230.
