



SACRAMENTO VALLEY PARALEGAL ASSOCIATION 2012 MEMBERSHIP APPLICATION

Date: _____ New Application: _____ Renewal Application: _____

Name: _____

Mailing address: _____

E-mail: _____ @ _____

E-mail address is required for receipt of newsletters and listserv information. PLEASE PRINT CLEARLY.

Tel: (Work) _____ (Home) _____ (Cell) _____

May we share your contact information on our online directory? Y ___ N ___

Number of years employed as a paralegal: _____

Membership term is 12 months starting 01/01/12 TO 12/31/12, no proration available.
PLEASE SELECT TYPE OF MEMBERSHIP YOU ARE APPLYING FOR:

I. ___ **Voting Member** shall be a practicing paralegal.

In compliance with B&P §6450, I am qualified as a paralegal by:

___ Education *state certificate and/or degree and where obtained:* _____

___ Attorney declaration.

___ Other please explain: _____

Employer: _____

Areas of specialty: _____

\$75.00 annual membership fee.

II. ___ **Associate (non-voting)** shall be persons who do not meet the requirements for either voting or student membership, but have either training or experience as a paralegal.

___ Not currently employed in the legal field (retired/seeking employment).

\$75.00 annual membership fee.

III. ___ **Sustaining (non-voting)** shall be any person or entity (including educational institutions and corporations) who do not qualify for membership as a voting, student or associate member. This membership includes newsletter and website advertising.

\$130.00 annual membership fee.

IV. ___ **Student (non-voting)** shall be any person who is enrolled and participating in a paralegal certificate or degree program.

Enrolled t: _____

\$35.00 annual membership fee

Committees of interest: Education ___ Membership ___ Mentoring ___ Newsletter ___ Public Relations ___ Fundraising ___ Website ___ CAPA ___ NFPA ___

Are in interested in being a Board member? ___ Yes ___ No

Make checks payable to SVPA and mail to: SVPA, P.O. BOX 453, Sacramento, CA 95812.