

CAPITAL AREA PARALEGAL ASSOCIATION

An affiliate of the National Association of Legal Assistants, Inc.

EMERITUS/LIFETIME MEMBERSHIP APPLICATION 2018

Date: ___/___/___

Any fields completed below will appear in the CAPA member directory upon acceptance of membership. If you do not wish for certain information to be displayed in the directory, please leave the fields blank.

(* denotes required information)

Name*: _____
(Please include any designations to which you are entitled (e.g., CLA/CP, CLAS/ACP, PLS, TBLS specialty, PACE)

Preferred E-mail Address*: _____

Last Employer: _____

Last Employer Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ Birthdate: (Month/Day Only): _____

Are you Certified: Yes No

- NALA; Specialty _____
- TBLS; Specialty _____
- PACE
- Other: _____

Are you a former Voting Member of CAPA? If yes, please list final membership year: _____

Did you serve on the Board of Directors? If so, which Board position, and year served? _____

Did you serve as a Committee Chair? If so, which Committee, and year served? _____

Pursuant to Article V, Section 6 of CAPA's Bylaws: in the past year, have you: (a) been convicted of a felony or (b) been convicted of a misdemeanor involving the unauthorized practice of law or (c) been expelled or suspended from membership in a law-related professional organization or (d) had a license or permit to practice or engage in a profession or occupation revoked or suspended? YES NO If so, please explain in detail on a separate page.

I agree to be bound by the Bylaws and Standing Rules of the Capital Area Paralegal Association, and I have read and agree to be bound by the Code of Ethics and Professional Responsibility adopted by the Capital Area Paralegal Association and the National Association of Legal Assistants, Inc. I understand any and all of the information I provide on my application may be confirmed by the Membership Committee Chair, and/or the CAPA Board of Directors. **I understand I must advise the Membership Committee Chair in writing of any change in my employment or education that affects my membership status.**

Date: ___/___/___

By: _____
(Applicant's Signature)

Please check which committees you would like to be a part of or about which you would like to receive informational emails:

- | | | | |
|--|---|---------------------------------------|--|
| <input type="checkbox"/> CLA/CP Study Grp | <input type="checkbox"/> Membership | <input type="checkbox"/> ProBono | <input type="checkbox"/> Mentor/Internship |
| <input type="checkbox"/> CLE Seminars | <input type="checkbox"/> Scholarship | <input type="checkbox"/> Programs | <input type="checkbox"/> Job Bank |
| <input type="checkbox"/> CLE Brown Bags | <input type="checkbox"/> Networking/Social Events | <input type="checkbox"/> Elections | <input type="checkbox"/> Website |
| <input type="checkbox"/> Community Service | <input type="checkbox"/> Public Relations | <input type="checkbox"/> Publications | <input type="checkbox"/> Rules & Bylaws |

VERIFICATION OF FULFILLMENT OF MEMBERSHIP CRITERIA

EMERITUS/LIFETIME MEMBERSHIP

My name is _____ . I hereby attest that I meet the requirements for Emeritus/Lifetime Membership as set forth below (please initial each one) and hereby certify that:

- _____
(initial) 1. I am a former active voting member of the Association;
- _____
(initial) 2. I have served either as an officer/director, or as a Committee Chair of the Association;
- _____
(initial) 3. I am retired from the profession;
- _____
(initial) 4. I am not currently employed as a paralegal.
- _____
(initial) 5. I am in good standing with the Association; AND
- _____
(initial) 6. I shall not have the right to vote, hold any office, or serve as officer/director

I hereby apply for membership in the Capital Area Paralegal Association as an Emeritus/Lifetime Member. I swear that the above information is correct. I understand that any and all information provided on this application may be verified by any member of the Board of Directors and/or any member of the Membership Committee. I further understand that I may be subject to a criminal background check. If my membership is accepted, I agree to be bound by the Bylaws and Standing Rules of the Capital Area Paralegal Association, and I have read and agree to be bound by the Code of Ethics and Professional Responsibility adopted by the Capital Area Paralegal Association and the National Association of Legal Assistants, Inc.

I certify that I have not been convicted of a felony. (Please check box.)

APPLICANT: _____

DATE: _____

» MAIL COMPLETED APPLICATION AND CHECK PAYABLE TO THE CAPITAL AREA PARALEGAL ASSOCIATION TO:

Joni Bures
Powell & Leon, LLP
115 Wild Basin Road, Suite 106
Austin, Texas 78746

TOTAL DUES ENCLOSED: \$ _____