



CAPITAL AREA PARALEGAL ASSOCIATION

An Affiliate of NALA – The Paralegal Association

MEMBERSHIP APPLICATION / RENEWAL 2018

Annual dues are payable January 1st

NEW RENEWAL (For renewing members, dues are delinquent as of March 1. Renewal applications received after March 1 will be subject to all requirements of a NEW member application.)

MEMBERSHIP TYPE (Please refer to page 2): VOTING MEMBER ASSOCIATE MEMBER

I understand that the Capital Area Paralegal Association (“CAPA”) may contact my employer to verify my employment. I further understand that all information on this application is the property of CAPA. None of the information on this application will be released to any source outside of CAPA, the Paralegal Division of the State Bar of Texas, NALA – The Paralegal Association, or the Texas Alliance of Paralegal Associations, except as authorized by the CAPA Board of Directors.

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 those fields blank.

(*denotes required information)

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

Preferred E-mail Address*: _____

Employer: _____

Employer Address: _____

City: _____ State: _____ Zip Code: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ Birthday: (Month/Day only): _____

- Are you Certified: Yes No
- NALA (Specialty _____)
 - TBLS (Specialty _____)
 - PACE
 - Other: _____

Are you interested in: Having a mentor Being a mentor Serving on a Committee?

Please check up to three (3) sections in which you work or would like to obtain CLE:

- | | | | |
|--|--|--|--|
| <input type="checkbox"/> Administrative | <input type="checkbox"/> Criminal Law | <input type="checkbox"/> Leadership/Management | <input type="checkbox"/> Probate/Estates |
| <input type="checkbox"/> Bankruptcy | <input type="checkbox"/> Family Law | <input type="checkbox"/> Labor/Employment | <input type="checkbox"/> Product Liability |
| <input type="checkbox"/> Contracts | <input type="checkbox"/> Government | <input type="checkbox"/> Litigation | <input type="checkbox"/> Real Estate |
| <input type="checkbox"/> Commercial/Contract | <input type="checkbox"/> Insurance | <input type="checkbox"/> Medical/PI | <input type="checkbox"/> Technology |
| <input type="checkbox"/> Corporate | <input type="checkbox"/> Intellectual Property | <input type="checkbox"/> Oil/Gas/Mineral | <input type="checkbox"/> Other: _____ |

How did you hear about CAPA? Referred by Current Member (Name: _____)
 Website School Program Mail/E-mail Solicitation Membership Drive

MEMBERSHIP DESCRIPTIONS AND FEES

DUES Membership dues are as follows:

<u>Application Date</u>	<u>Member Type</u>	<u>Initial Dues</u>	<u>Renewal Dues*</u>
January 1 — June 30	Voting	\$60.00 (\$50.00 + \$10.00 initiation fee)	\$50.00
	Associate	\$40.00 (\$30.00 + \$10.00 initiation fee)	\$30.00
	Emeritus/Lifetime	\$40.00 (\$30.00 + \$10.00 initiation fee)	N/A
July 1 — October 31	Voting	\$35.00 (\$25.00 + \$10.00 initiation fee)	
	Associate	\$25.00 (\$15.00 + \$10.00 initiation fee)	
	Emeritus	\$25.00 (\$15.00 + \$10.00 initiation fee)	

(*Payment for renewals must be received no later than March 1st)

November 1-December 31: Applicants for INITIAL membership pay the full annual dues shown above plus the initiation fee for membership through December 31 of the **following** year.

VOTING MEMBERSHIP

To qualify for Voting Membership, the applicant must (i) be currently employed as a paralegal/legal assistant¹ or working at least 30 hours per week as a freelance paralegal/legal assistant and (ii) meet one of the following criteria:

- 1) have received a four-year degree;
- 2) have completed a paralegal program;
- 3) have five (5) years of paralegal experience; OR
- 4) have received NALA, NFPA, or TBLS certification.

All Voting Membership applicants are required to complete the Verification Form on page 3 and provide the following additional documentation:

- 1) signed Attorney Verification form on page 3 (all applicants);
- 2) a copy of the transcript or signed, notarized statement from registrar (categories 1 and 2); and/or
- 3) a copy of the certificate (category 4).

Please note: Supporting documentation is required for INITIAL or LAPSED application only.

ASSOCIATE MEMBERSHIP

To qualify for the Associate Membership, the applicant must meet one of the following criteria:

- 1) must be employed as a paralegal/legal assistant but not yet satisfied requirements for Voting Membership;
- 2) must be presently employed as a coordinator of the paralegal program in a law firm, governmental agency, or corporate legal department;
- 3) is not currently employed as a paralegal but has completed a paralegal training program;
- 4) has previously been employed as a paralegal but is not employed at the time of application; OR
- 5) does not reside or work in the Austin metropolitan area.

All Associate Membership applicants are required to complete the Verification Form on page 4.

EMERITUS MEMBERSHIP

To qualify for the Emeritus Membership, the applicant:

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

An emeritus member may re-apply for voting membership (if he/she returns to the paralegal profession) at such time that he/she satisfies the criteria for voting membership by completing and submitting the then-current voting membership application.

¹ The person must meet the definition of a paralegal as adopted by the National Association of Legal Assistants ("**NALA**"), which reads as follows: "Legal assistants, also known as paralegals, are a distinguishable group of persons who assist attorneys in the delivery of legal services. Through formal education, training and experience, legal assistants have knowledge and expertise regarding the legal system and substantive and procedural law which qualify them to do work of a legal nature under the supervision of an attorney. However, it is not the intent of CAPA to exclude any member of the legal profession whose job duties fit the definition of paralegal but whose job title remains "legal assistant" or some other similar title. Additionally, the term "substantive" shall mean work requiring recognition, evaluation, organization, analysis, and communication of relevant facts and legal concepts."

VERIFICATION OF FULFILLMENT OF MEMBERSHIP CRITERIA
VOTING MEMBERSHIP

My name is _____ . I am currently employed as a paralegal, or work at least thirty (30) hours per week as a freelance paralegal and am qualified to perform and do perform these duties in my present job. I hereby attest that I meet the requirements for Voting Membership as set forth below (please check all that apply) and hereby certify that:

- _____ 1. I have received a four-year degree.
- _____ 2. I have graduated from a paralegal / legal assistant program.
- _____ 3. I have five (5) years of paralegal experience.
- _____ 4. I am NALA, TBLS, or NFPA certified.

I hereby apply for membership in the Capital Area Paralegal Association as a Voting 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: _____

SUPERVISING ATTORNEY VERIFICATION

I certify that _____ has the required five (5) years of paralegal experience (if Item 3 is checked above) and is one of the following:

- employed full time as a paralegal, and I am his or her supervising attorney; or
- works at least thirty (30) hours per week as a freelance paralegal, and I am his or her supervising attorney.

SIGNATURE OF SUPERVISING ATTORNEY

NAME OF EMPLOYER

PRINTED NAME OF SUPERVISING ATTORNEY

PHONE NUMBER

STATE BAR NUMBER

DATE

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

Joni E. Bures, CAPA Membership Chair
Powell & Leon, LLP
115 Wild Basin Road, Suite 106
Austin, Texas 78746

IF YOU HAVE A BUSINESS CARD, PLEASE ATTACH ONE.

TOTAL DUES ENCLOSED: \$ _____

VERIFICATION OF FULFILLMENT OF MEMBERSHIP CRITERIA
ASSOCIATE MEMBERSHIP

My name is _____ . I hereby attest that I meet the requirements for Associate Membership as set forth below (please check one) and hereby certify that:

- _____ 1. I am employed as a paralegal but have not satisfied requirements 1-4 of Voting Membership;
- _____ 2. I am presently employed as a coordinator of a paralegal program within a law firm, governmental agency or corporate legal department;
- _____ 3. I am not currently employed as a paralegal, but have completed a paralegal training program; or
- _____ 4. I have previously been employed as a paralegal, but am not employed at the time of application.
- _____ 5. I do not live or work in the Austin metropolitan area.

I hereby apply for membership in the Capital Area Paralegal Association as an Associate 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 THE COMPLETED APPLICATION AND CHECK PAYABLE TO CAPITAL AREA PARALEGAL ASSOCIATION TO:

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