

Membership Period: 01/01/20 thru 12/31/20

Associate Membership Dues Paid: \$60

A \$35.00 charge will be assessed for all NSF checks

SAN ANTONIO PARALEGAL ASSOCIATION
Board Use Only

Entered Date: _____

Rec'd Date: _____

Approved By: _____

Dues Paid: _____

Name on Check: _____

Check#: _____

SAN ANTONIO PARALEGAL ASSOCIATION
ASSOCIATE MEMBERSHIP APPLICATION
(NON-VOTING MEMBER CLASS)

(For use by NEW or RENEWAL members or members changing membership class)

INSTRUCTIONS: Return the completed Application for Associate Membership with dues check made payable to SAN ANTONIO PARALEGAL ASSOCIATION to: Membership Director, SAN ANTONIO PARALEGAL ASSOCIATION, P.O. Box 90037, San Antonio, TX 78209. Please send questions to membership@saparalegal.org

If application reflects a change in membership class, please check the appropriate box:

From Student to Associate

From Voting to Associate

NAME: _____		DOB: _____		CELL#: _____	
EMPLOYER: _____			BUSINESS PHONE: _____		
JOB TITLE: _____			BUSINESS FAX: _____		
WORK ADDRESS: _____		CITY: _____		STATE: _____	ZIP: _____
HOME ADDRESS: _____		CITY: _____		STATE: _____	ZIP: _____
EMAIL ADDRESS: _____				HOME PHONE: _____	
*NOTE: An E-mail address is necessary to receive announcements and SAPA's monthly newsletter.					
REFERRED BY: _____					
I would like any mailings to be sent to my: <input type="checkbox"/> HOME <input type="checkbox"/> OFFICE					

1. Educational Background
College/Paralegal Program

Degree Obtained

Graduation Date

2. Paralegal Experience
Employer

Address

Dates of Employment

AREA(S) OF PRACTICE (or Area of Interest if not currently employed as a Paralegal: _____

APPLICANT'S SIGNATURE

DATE

Your membership privileges include reduced CLE luncheon rates, subscription to the monthly newsletter, and access to the Job Bank.

ASSOCIATE MEMBERSHIP (NON-VOTING MEMBER CLASS)

Qualifications: A person who is eligible for Associate Membership shall be an individual who (i) is not currently employed as a paralegal; or (ii) has not provided proof of completion of the requisite 6 CLE hours for renewal of Voting Membership.

Note: An Associate Member who becomes eligible for Voting Membership is required to upgrade his/her membership to that of a Voting Member.

If you held a Student Membership and are now applying for Associate Membership and have satisfactorily completed the requirements for Associate Membership, you must provide valid proof of completion of the course of study with this application.

Associate Members in good standing may fully participate in the social and educational affairs of SAN ANTONIO PARALEGAL ASSOCIATION but shall not have the right to vote, hold office or directorship as a voting Board member, or participate in the business affairs of SAN ANTONIO PARALEGAL ASSOCIATION unless such right or rights is/are granted to a Non-Voting Member by the Board.

Associate Members are prohibited from using their membership in SAN ANTONIO PARALEGAL ASSOCIATION for the purpose of marketing or supplying products or services to the legal profession, except those services offered by a Non-Voting Member as an intern or freelance Paralegal.

I agree to be governed by the SAN ANTONIO PARALEGAL ASSOCIATION's Bylaws and by the Code of Ethics and Professional Responsibility of the Paralegal Division of the State Bar of Texas, as adopted by the SAN ANTONIO PARALEGAL ASSOCIATION Board.

I understand any and all of the information I provide on my application may be confirmed by the Membership Director.

I understand that I must advise the Membership Director in writing of any changes that affect my Associate Membership class.

Date: _____

By: _____
Applicant's Signature