

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

Voting Membership Dues Enclosed: \$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
VOTING MEMBERSHIP APPLICATION
(For use by NEW or RENEWAL Voting Member Class)

INSTRUCTIONS: Return the completed Application for Voting Membership with dues check made payable to SAN ANTONIO PARALEGAL ASSOCIATION to: Membership Director, 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 Associate to Voting

From Student to Voting

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 |
| | | |
| | | |
| | | |

3. Certifications (NALA, TBLS, etc.)

AREA(S) OF PRACTICE: _____

APPLICANT'S SIGNATURE

DATE

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

NOTE: For *NEW Voting Member Class*, you *MUST* complete the following:

1. ***Voting Applicant Attestation***; and
2. ***Attorney/Employer Attest@tign***.

NOTE: For *RENEWAL Voting Member Class*, you *MUST* complete the following:

1. ***Voting Applicant Attestation***; and
2. ***Certificate of Attendance***.

Attorney/Employer Attestation
(For NEW Voting Member Class only)

I hereby attest that the above-named applicant is recognized as a **Paralegal**, as defined and adopted by the State Bar of Texas Board of Directors, and the Paralegal Division of the State Bar of Texas, as follows:

A paralegal is a person, qualified through various combinations of education, training, or work experience, who is employed or engaged by a lawyer, law office, governmental agency, or other entity in a capacity or function which involves the performance, under the ultimate direction and supervision of a licensed attorney, of specifically delegated substantive legal work, which work, for the most part, requires a sufficient knowledge of legal principles and procedures that, absent such a person, an attorney would be required to perform the task.

I further attest that the above-named applicant's ethical and professional conduct is above reproach, and that he/she is recommended for membership in this association.

Signature of Attorney / Employer:

Date:

Printed Name of Attorney / Employer:

Attorney State Bar Number:

OR

Title of Employer Representative

Employer's Phone Number:

VOTING MEMBER CLASS
VOTING APPLICANT ATTESTATION
(For NEW or RENEWAL Voting Member Class)

I hereby apply for Voting Member Class with the SAN ANTONIO PARALEGAL ASSOCIATION, and attest that I meet the requirements for such membership class as defined in SAN ANTONIO PARALEGAL ASSOCIATION Bylaws.

I further attest that my answers to the following are true and correct to the best of my knowledge:

IF you are applying for NEW Voting Member Class:

Have you completed a full course of study prescribed for paralegal training at an accredited approved college, university, junior college or other institution or post-secondary school, and which course of study requires resident classes or courses for completion of such paralegal program?

Yes____ No____

OR

Have you been employed as a Paralegal for a minimum of twelve (12) months. (This does not necessarily mean you must have worked for the same employer for those 12 months.)

Yes____ No____

IF you have been an SAN ANTONIO PARALEGAL ASSOCIATION member during the preceding membership year, and you are RENEWING your Voting Member Class:

Have you completed six (6) hours of Continuing Legal Education ("CLE") in the last fiscal year, of which no more than one-third are self-study?

Yes____ No____

(If yes, please complete CLE attendance)

I agree to be governed by the SAN ANTONIO PARALEGAL ASSOCIATION 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 Voting Member Class.

Date: _____

By: _____

Applicant's Signature

CERTIFICATE OF ATTENDANCE
(SAN ANTONIO PARALEGAL ASSOCIATION CLE LUNCHEONS)
 (For RENEWAL of Voting Member Class)

The following is the Certificate of Attendance form for use in declaring the monthly SAN ANTONIO PARALEGAL ASSOCIATION CLE luncheons you attended during the past membership year (01/01/19 thru 12/31/19).

Session Hours	Session Date/Topic/Speaker

CERTIFICATE OF ATTENDANCE (OTHER CLE)
 (For RENEWAL of Voting Member Class)

The following is the Certificate of Attendance form for use in requesting credit for CLE obtained during the past membership year (01/01/19 thru 12/31/19), **outside of the monthly** SAN ANTONIO PARALEGAL ASSOCIATION ***CLE luncheons.***

Session Hours	Date	Topic	Speaker	Validation from Seminar Official (or attach copy of agenda or brochure)

By signing below, I certify that I attended the SAN ANTONIO PARALEGAL ASSOCIATION CLE luncheon(s) and/or the activity(ies) listed above and am entitled to a total of _____ CLE credits therefore.

Signature: _____

Printed Name: _____

Date: _____