



MISSOURI PARALEGAL ASSOCIATION MEMBERSHIP APPLICATION

New Member

Application Date: _____

Membership Renewal

Received Date: _____

APPLICANT INFORMATION

Name:
 Job Title:
 Certification: ___ CLA ___ CLAS ___ RP
 Home Address:
 City/State/Zip:
 Home Telephone:
 Cellular Telephone:
 Home Facsimile:
 E-mail Address:

Employer:
 Supervising Attorney:
 Supervising Attorney MBE #:
 Employer Address:
 City/State/Zip
 Employer Telephone:
 Employer Facsimile:
 Employer Web Address:
 Employer E-mail Address:

I prefer to receive communication: ___ Home ___ Employer via ___ E-mail ___ Telephone ___ Cellular

By submitting this application for membership, I grant permission to M.P.A. to send communiqués via facsimile transmission.

Have you ever taught a paralegal course or served as an educational speaker?	___ Yes ___ No
Have you written articles for legal publications or professional association newsletters?	___ Yes ___ No
Are you interested in volunteering your time and skills to serve M.P.A.?	___ Yes ___ No

Please describe how you can best serve M.P.A. through your time and talents:

M.P.A. MEMBERSHIP REQUIREMENTS

Are you a permanent resident of the United States of America?	___ Yes ___ No
Are you eligible to vote in federal and state elections?	___ Yes ___ No
Have you ever been convicted of a felony?	___ Yes ___ No
Have you ever been expelled or suspended from a professional organization?	___ Yes ___ No
Have you ever had a professional license or permit revoked or suspended?	___ Yes ___ No
Have you ever been disbarred from any state bar association?	___ Yes ___ No
Have you ever been convicted of the unauthorized practice of law?	___ Yes ___ No
Do you live or work in the state of Missouri or do you perform work for and are supervised by an attorney licensed to practice in the state of Missouri?	___ Yes ___ No

EMPLOYMENT HISTORY

All applicants for Voting, Associate, or Affiliate Membership must complete this section or, in the alternative, please attach an employment resume. State past employment record as completely as possible, starting with your present employer. Attach additional sheets if necessary.

From Month/Year	To Month/Year	Employer's Name and Complete Mailing Address	Supervisor's Name, Title and Telephone Number	Position Held and Duties Performed

EDUCATION

All applicants for Voting, Associate, Affiliate or Student Membership must complete this section.

Students, please attach a copy of your transcripts.

TYPE SCHOOL	NAME OF SCHOOL	CITY & STATE	NUMBER OF YEARS COMPLETED				GRADUATION	ENROLL DATE	ENDING DATE	DEGREE MAJOR
			1	2	3	4				
			1	2	3	4	Degree Obtained? ___ Yes ___ No			
			1	2	3	4	Degree Obtained? ___ Yes ___ No			
			1	2	3	4	Degree Obtained? ___ Yes ___ No			
			1	2	3	4	Degree Obtained? ___ Yes ___ No			
			1	2	3	4	Degree Obtained? ___ Yes ___ No			

Type of School: 1-College/University 2- Business / Vocational 3-On Line Course 4-Correspondence Course 5-Night School/Workshop

AREAS OF PRACTICE / SPECIALIZATION

<input type="checkbox"/> Bankruptcy	<input type="checkbox"/> Estate / Trusts / Probate	<input type="checkbox"/> Immigration	<input type="checkbox"/> Labor / Employment Law
<input type="checkbox"/> Corporate	<input type="checkbox"/> Family Law	<input type="checkbox"/> Insurance	<input type="checkbox"/> Litigation
<input type="checkbox"/> Employee Benefits	<input type="checkbox"/> Freelance	<input type="checkbox"/> Intellectual Property	<input type="checkbox"/> Real Estate
<input type="checkbox"/> Environmental	<input type="checkbox"/> Government	<input type="checkbox"/> International Law	<input type="checkbox"/> Tax
<input type="checkbox"/> Other (Please identify):			<input type="checkbox"/> Worker's Compensation

PROFESSIONAL ASSOCIATION & CIVIC ORGANIZATION MEMBERSHIPS

NAME OF ASSOCIATION / ORGANIZATION	OFFICE OR POSITION HELD	MEMBERSHIP DATES

MEMBERSHIP CLASSIFICATIONS

M.P.A. offers five (5) Membership Classifications: Voting, Student, Associate, Affiliate, and Sustaining.
*Please review the qualifications for each classification (listed below).
 Select the classification for which you qualify, then complete that portion of the application.*

MEMBERSHIP CLASSIFICATIONS & QUALIFICATIONS

VOTING MEMBER

ANNUAL DUES

VOTING MEMBER: Are you applying for Voting Membership? Yes No

\$55.00

Voting Member of the Association shall be employed as a Paralegal, as defined below, and must meet one of the qualification criteria listed.

Definitions:

Paralegal: a paralegal, qualified through education, training or work experience, is employed or retained by an attorney, law office, government agency, corporation, or other entity to perform substantive and procedural legal work under the ultimate direction and supervision of an attorney or as authorized by administrative, statutory, or court authority.

Paralegal Experience: The performance of substantive legal work, non-clerical or non-administrative in nature, that, absent a paralegal, an attorney would perform.

Qualification Criteria: Please check all that apply:

- Baccalaureate degree in or with an emphasis in Paralegal studies; or
- Baccalaureate degree in any field PLUS a Paralegal certificate obtained from a school accredited or approved by the ABA or approved by the Association; or
- Associate degree in or with an emphasis in Paralegal studies PLUS three years of Paralegal Experience; or
- Associate degree in any field PLUS a Paralegal certificate obtained from a school accredited or approved by the ABA or approved by the Association, PLUS three years of Paralegal Experience; or
- Paralegal certificate obtained from a school accredited or approved by the ABA or approved by the Association, PLUS five years of Paralegal Experience; or
- Eight years of Paralegal Experience. Persons admitted under this provision shall be entitled to renew their voting membership indefinitely provided all other membership requirements are met.

Voting Members shall obtain six (6) hours of continuing legal education (C.L.E.) annually in order to retain voting status. If you are renewing your membership, attach your C.L.E. Tracking Form with copies of Certificates of Attendance. C.L.E. credits may include in-house presentations, local association seminars, or other training.

MEMBERSHIP CLASSIFICATIONS & QUALIFICATIONS

STUDENT MEMBERSHIP

ANNUAL DUES

STUDENT MEMBER: Are you applying for Student Membership? Yes No

\$ 25.00

Student Member of the Association shall meet the general membership requirements and be enrolled in a bachelor's or associate's degree program with an emphasis in Paralegal studies, or a Paralegal certificate program accredited or approved by the ABA or approved by the Association.

ASSOCIATE MEMBERSHIP

ANNUAL DUES

ASSOCIATE MEMBER: Are you applying for Associate Membership? Yes No

\$ 40.00

Associate Member of the Association shall meet the general membership requirements and the voting member criteria except that he/she is not, at the time application for membership is made, employed as a Paralegal.

AFFILIATE MEMBERSHIP

ANNUAL DUES

AFFILIATE MEMBER: Are you applying for Affiliate Membership? Yes No

\$ 70.00

Affiliate Member of the Association shall meet the general membership requirements and be interested in supporting the Association and the paralegal profession.

SUSTAINING MEMBERSHIP

ANNUAL DUES

SUSTAINING MEMBER: Are you applying for Sustaining Membership? Yes No

\$ 125.00

Sustaining Member of the Association may be granted to any partnership, corporation, L.L.C. or other entity interested in supporting the Association and the paralegal profession.

M.P.A. STANDING COMMITTEES: Budget and Finance; Ways and Means; Membership; Professional Standards and Ethics; Programs and Professional Development; Elections; Disciplinary; Public Relations and Association Publications

Are you interested in receiving information about M.P.A. standing committees and/or serving as a committee member? on a committee? Yes No If yes, please indicate the committee(s) in which you are interested:

MEMBER ATTESTATION

I hereby apply for membership in the Missouri Paralegal Association and certify that I am eligible for the membership category for which I submit application and that all of the information contained in this application is true and correct. I understand that my annual dues payment entitles me to all the benefits of membership for the category I have selected.

I agree to be bound by the Bylaws and Code of Ethics of the Missouri Paralegal Association. I understand any the Membership Committee may confirm all of the information that I provide on my application. I understand I must advise the Membership Committee in writing of any change that would affect my membership status pursuant to the Procedures Manual of the Association.

SIGNATURE:

DATE

SCHOOL ATTESTATION FOR STUDENT MEMBERSHIP

I hereby attest that the above-named applicant is currently enrolled in the paralegal program offered by:

SIGNATURE:

TITLE:

DATE:

The Missouri Paralegal Association is incorporated under Section 501(c)(6) of the Internal Revenue Code as a nonprofit organization. Annual dues paid may, therefore, be deductible in part or in whole as an ordinary and necessary business expense for federal income tax purposes. Annual dues are not, however, deductible as charitable contributions. Please make checks payable to Missouri Paralegal Association and return with this application to: Missouri Paralegal Association, P.O. Box 1016, Jefferson City, Missouri 65102

For Association Use Only / Please Do Not Write In This Section

Date of Approval or Denial:

Status:

Voting

Student

Paid: \$

Affiliate

Associate

Membership Number:

Sustaining

MPA reserves the right to deny or revoke membership status to any individual or association.

Rev. 01/2008