

Fresno Paralegal Association (FPA)

P.O. Box 28515
Fresno, CA 93729-8515
www.fresnoparalegal.org

MEMBERSHIP APPLICATION

Name: _____ Employer: _____

Work Address: _____ Work Phone: _____

E-Mail Address: _____ Fax Number: _____
(Notification of FPA business will be sent to your e-mail address.)

Home Address: _____ City _____ Zip _____ Home Phone: _____

Primary Type/Areas of Practice: _____

Check type of membership desired and submit check for appropriate dues with this form to address that appears on the top of this page by March 1, 2010.

\$45 Voting Membership [for persons employed as a paralegal as defined in California Business & Professions Code, Section 6450, working under the supervision of an attorney. At least 50% of work responsibilities must be as a paralegal.]

\$40 Associate Membership [for persons who do not qualify as a voting member, such as legal document preparers or unlawful detainer assistants]

\$5 Student Membership [for persons currently enrolled in a paralegal program. Please state the name of the paralegal program/school which you attend _____.]

\$100 Sustaining Membership [any person, business, school, or other entity interested in supporting and sponsoring the goals of FPA]

Check all FPA committees on which you would be willing to serve or assist for 1 year.

- Education/Programs Membership Newsletter Job Bank Web Site
- Advertising Fresno County Bar Liaison Student Liaison Service Projects
- Other (your special interests) _____

STATEMENT OF APPLICANT

I agree to be bound by the Code of Ethics and Responsibility of the National Association of Legal Assistants and by FPA's Guidelines of Professional Responsibilities. *(Circle appropriate statement)* I am or I am not a paralegal as defined by California Business & Professions Code Section 6450.

Date: _____ Signed: _____

(Paralegals only) Be advised that under California law, all paralegals must attend continuing education courses as specified in Business & Professions Code, Section 6450(d). I certify that I am in compliance with the requirements of Business & Professions Code, Section 6450(d).

Date: _____ Signed: _____

Official Use Only

Payment method: Cash Amount \$ _____
 Check Amount \$ _____ No. _____ Issuer _____
 Other Amount \$ _____