

CVPA Membership Application

Commonwealth of Virginia Paralegal Association
P.O. Box 6551, Glen Allen, VA 23058



Full Name: _____ CP ACP Other:

RP® VARP _____

Home Address: _____ City: _____ State: _____ ZIP Code: _____

Email: _____ Cell Phone: _____

Employer: _____

Employer Address: _____ City: _____ State: _____ ZIP Code: _____

Job Title: _____ Specialty/Area of Practice: _____

Membership Type:

I hereby apply for membership in CVPA under the following category:

Active (Voting Privileges) \$65.00 (Complete Section I)

Any individual who has:

1. Graduated from an ABA approved program of study for paralegals;
2. Graduated from an institutionally accredited paralegal program that is not ABA approved but that requires not less than the equivalent of sixty (60) semester hours of classroom study;
3. Graduated from a course of study other than those set forth in 1 or 2 above, including with a baccalaureate degree in any field, plus at least six (6) months of in-house training as a paralegal, whose attorney-employer attests that the individual is qualified and working as a paralegal;
4. Completed a paralegal certification program from an institutionally accredited college or university.
5. Completed at least two (2) years of in-house training as a paralegal, whose attorney-employer attests that the individual is qualified and working as a paralegal, including those who completed at least two (2) years as an Associate member ; or
6. Successfully completed the NALA Certified Paralegal (CP) exam or the NFPA PACE (RP®) exam.

Associate (Non-Voting) \$25.00

Any individual who is:

1. Any individual who is a student in good standing at any university, college, junior college, or other approved school pursuing a course of studies as a paralegal, provided that all such schools and curricula shall be subject to approval of the Board of Directors of the association and is not actively employed as a paralegal; **(Complete Section II)**
2. Any individual who has been a member of this association for at least five (5) years and resides in the Commonwealth of Virginia who has retired from the paralegal profession; or
3. Those individuals who do not meet the requirements as an Active member, but are employed as a paralegal, whose attorney-employer attests that such individual is qualified as a paralegal. These members may apply for Active membership upon completion of two years of Associate membership. **(Complete Section I)**

Sustaining (Non-Voting) \$100.00

1. An attorney who endorses or supports paralegals or who is involved in the promotion of the paralegal profession;
2. An educator who teaches in a paralegal program whose students would qualify as Active members; or
3. An individual or member of a law firm, corporation, vendor, or another entity who endorses, supports, or promotes the paralegal profession.

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SECTION I. TO BE COMPLETED BY APPLICANT FOR ACTIVE OR ASSOCIATE MEMBERSHIP

Full Name: _____

Employer: _____

- Corporate Law Department Non-Profit Organization Judicial Agency/Court
 Government agency Other: _____
 Private Law Office (consisting of _____ # attorneys and _____ # legal personnel)

Name of immediate supervisor: _____

How long have you been employed as a paralegal? _____

Paralegal education (name and address of school): _____

Date of graduation (if applicable): _____

NALA Paralegals – Certified Paralegal date of certification: _____

NFPA Paralegals – Registered Paralegal date of certification: _____



Paralegal Association Memberships:

Name of local association of which you are a member: _____

NALA Member? YES NO NFPA Member? YES NO

CVPA prohibits the acceptance of a member who has been convicted of a felony.

Agreement:

I agree to be bound by the NALA Code of Ethics and Professional Responsibility and by the Bylaws adopted by the Commonwealth of Virginia Paralegal Association. I understand that this application is subject to approval by CVPA.

Signature: _____

Date: _____

Commonwealth of Virginia Paralegal Association is an affiliate of
NALA | The Paralegal Association.
Members are bound by the NALA Code of Ethics and Professional Responsibility.

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SECTION II. TO BE COMPLETED BY STUDENT APPLICANT FOR ASSOCIATE MEMBERSHIP

Name of School: _____

Expected date of graduation: _____

ATTESTATION OF SCHOOL: I hereby attest that Applicant is currently enrolled in the paralegal course at this school.

Your Name: _____

Your Title: _____

Signature:

Date: _____

ABA's definition of a paralegal:

A paralegal is a person, qualified by education, training or work experience who is employed or retained by a lawyer, law office, corporation, governmental agency or other entity and who performs specifically delegated substantive legal work for which a lawyer is responsible.

Payment may be made via Zelle or check.

Zelle: 804-840-9508

Please make checks payable to:

Commonwealth of Virginia Paralegal Association

Mailing Address:

P.O. Box 6551

Glen Allen, VA 23058

cvparalegals@gmail.com

cvparalegals.org