



Membership Application

Commonwealth of Virginia Paralegal Association

P. O. Box 6551

Richmond, VA 23059

<https://cvparalegals.org/>

cvparalegals@gmail.com

MEMBERSHIP TYPE: ☐ **ACTIVE** ☐ **ASSOCIATE** ☐ **LEGAL SUPPORT**
☐ **STUDENT** ☐ **SUSTAINING** ☐ **RETIRED**

Full Name: _____

Designation: _____

[CP, ACP, RP®, VARP, Other]

Home Address: _____

Region: _____

[Richmond, Charlottesville, Northern VA,
Norfolk, Tidewater, Mountains, Other]

Email: _____ Cell Phone: _____

Employer Information:

Employer: _____

Employer Address: _____

Job Title: _____

Specialty/Area of Practice: _____

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

*By signing this document, you are attesting that you have not been convicted of a felony.

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



Membership Application

Commonwealth of Virginia Paralegal Association

P. O. Box 6551

Richmond, VA 23059

<https://cvparalegals.org/>

cvparalegals@gmail.com

Membership Types:

(Fees are due annually to maintain membership)

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 one (1) year 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 (Complete Section I)

1. Any individual who is currently employed as a paralegal but has not yet satisfied the requirements for Active membership;
2. Any individual who meets the requirements for Active membership but is not employed at the time of application;
3. Any individual who has graduated from a paralegal studies program but has not yet satisfied the work experience requirements for Active membership; or
4. Any individual who is directly involved in the supervision of paralegals, including law office managers and administrators.

STUDENT (Non-Voting) \$0.00 (Complete Section II)

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.

LEGAL SUPPORT (Non-Voting) \$50.00 (Complete Section III)

An individual in a legal support role who performs substantive legal work under the supervision of an attorney who can attest to the nature of the tasks completed. Examples of such roles include Legal Administrative Assistant, Case Assistant, Legal Project Manager, Legal Analyst, Contracts Administrator, and similar roles.

SUSTAINING (Non-Voting) \$100.00

Any individual who is:

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.

RETIRED (Non-Voting) \$25.00

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.



Membership Application

Commonwealth of Virginia Paralegal Association

P. O. Box 6551

Richmond, VA 23059

<https://cvparalegals.org/>

cvparalegals@gmail.com

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

Applicant: _____

Your Employer: _____

Name of Immediate Supervisor: _____

How long have you been employed as a paralegal? _____

Education (Name & City/State of School): _____

Date of Graduation (if applicable): _____

NALA Paralegals: Certified Paralegal Date of Certification: _____

NFPA Paralegals: Registered Paralegal Date of Certification: _____

SECTION II: TO BE COMPLETED BY APPLICANT FOR STUDENT MEMBERSHIP

Applicant: _____

Name of School: _____

City/State: _____

Expected Date of Graduation: _____

ATTESTATION OF SCHOOL:

I hereby attest that Applicant is currently enrolled in a paralegal course at this school.

Signature

Date

Title

Name

Please make checks payable to:
Commonwealth of Virginia Paralegal Association
P.O. Box 6551
Glen Allen, VA 23058

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



Membership Application

Commonwealth of Virginia Paralegal Association

P. O. Box 6551

Richmond, VA 23059

<https://cvparalegals.org/> cvparalegals@gmail.com

Or pay online at <https://cvparalegals.org/>

SECTION III: TO BE COMPLETED BY APPLICANT FOR LEGAL SUPPORT MEMBERSHIP

Applicant: _____

Your Employer: _____

Name of Immediate Supervisor: _____

How long have you been employed in your legal support role? _____

Education (Name & City/State of School): _____

Date of Graduation (if applicable): _____

ATTESTATION OF EMPLOYER:

I hereby attest that Applicant is employed by me and is recognized in a legal support role performing substantive legal work and that Applicant is under the supervision and direction of an attorney.

I further attest that Applicant has been employed by me for _____ years and Applicant's ethical and professional conduct are above reproach.

I recommend Applicant for membership with Commonwealth of Virginia Paralegal Association.

Signature

Date

Title

Name

Please make checks payable to:
Commonwealth of Virginia Paralegal Association

P.O. Box 6551

Glen Allen, VA 23058

Or pay online at <https://cvparalegals.org/>