

Membership Renewal for _____ - _____

TO BE COMPLETED BY ALL RENEWING MEMBERS:

Name: _____

Business Name: _____

Business Address: _____

Business Phone: _____

Home Address: _____

Home Phone: _____

(Please place an asterisk (*) by your preferred mailing address)

Email address(es): _____

Membership Status:

Active ____ Associate ____ Student ____ Life Member-Active ____ Life Member-Retired ____

Member of NALA? Yes ____ No ____

Member of Paralegal Division of State Bar? Yes ____ No ____

Please indicate the year you joined WTPA: _____

Please indicate the committee on which you would like to serve by numbering 1, 2, and 3 in order of preference.

(Both active and associate members may participate)

Membership ____

Newsletter ____

Legal Education ____

Finance ____

Public Relations ____

Audit Committee ____

Bylaws and standing rules ____

Scholarship Committee ____

Return this Renewal and \$25.00 annual dues (dues waived for Life Members) to the following address as soon as possible but no later than October 31: West Texas Paralegal Association, Attn: Membership Chairman, PO Box 93103, Lubbock TX 79493

ATTORNEY-EMPLOYER ATTESTATION

I hereby attest that the renewing member is employed by me and is recognized as a paralegal and that he/she is under the supervision and direction of an attorney.

Signature of Attorney/Employer: _____ Date: _____

To be completed by membership committee:

____ This Renewal has been approved for ____ Active ____ Associate Membership

____ This Renewal does not meet the qualifications for membership.

Date determination made: _____

Membership Committee

By: _____

Vice President, Membership

____ Payment received and accepted – Check No. _____

____ Payment returned to applicant