



The Philadelphia Association of Paralegals

*Promoting Excellence
in Skill and Ability*

*A Charter Member of the
National Federation of Paralegal Associations*

P.O. Box 59198 – Philadelphia, PA 19102-9198

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www.philaparalegals.com

2024 MEMBERSHIP APPLICATION

*The Philadelphia Association of Paralegals (PAP) offers eight (8) classes of membership: Voting (2), Associate, Sustaining (2), Public Interest, Emeritus and Student. Membership is for a one-year term, renewable annually on a calendar year basis (January-December). Prospective members will be notified as to their acceptance for membership. Dues are to be received by **January 31, 2021**.**

** Save \$10 if paying by January 31, 2021 (applies to memberships over \$75). Any dues received **after February 10th** must include a \$5 late fee. Please note: no refunds.*

Section 1

Please check the type of membership for which you are applying. Each member is entitled to PAP publications including the quarterly newsletter, *The Philadelphia Forum*, discounted rates on the quarterly luncheons and annual education conference, as well as benefits of our established programs and committees. All classes of membership include the benefits of PAP's Keystone Alliance of Paralegal Associations' membership, as well as automatic membership with The National Federation of Paralegal Associations (NFPA**) and its member discounts and benefits, which includes receipt of NFPA's bimonthly magazine, the *National Paralegal Reporter*.

- Voting Membership (\$85.00).** *Open to any person currently employed as a paralegal.*
- Voting Membership (PAP) with Non-Voting Philadelphia Bar Association Membership (\$140.00).** *Open to any person currently employed as a paralegal. We are pleased to partner with the Philadelphia Bar Association in offering memberships to both associations at a discounted rate. The Bar provides numerous benefits available only to members ([see the Bar's website](#)).*
- Associate Membership (Non-Voting) (\$75.00).** *Open to any person who has recently graduated from a formal course of study, upon the completion of which such person is qualified to be employed as a paralegal; any person whose primary responsibilities and job classification are not paralegal but does perform paralegal duties on a limited basis (full time paralegals do not qualify as Associate Members and must apply as Voting Members); any person previously employed as a paralegal or equivalent position, subject to approval of the Board and Member Services Committee.*
- Institutional Sustaining Membership (Non-Voting) (\$175.00).** *Open to any institution, such as an educational institution offering a paralegal studies program, that does not meet the requirements of the aforementioned memberships.*
- Public Interest/Military (Voting) (\$40.00).** *Open to any person employed as a paralegal in a position with an organization that provides indigent or reduced-fee legal services, such as prisoners' legal services and campus legal services; and positions with public interest and non-profit employers, including private non-profit advocacy, religious, social service, fund-raising, community resource, or cause-oriented organizations; or military personnel. If military, indicate branch: _____*
- Emeritus (Non-Voting) (\$40.00).** *Open to any person (1) who is a former voting member of the Association, (2) who is no longer working as a paralegal and (3) who has retired from the profession, moved out of the area, taken a leave of absence, or changed careers.*
- Student Membership (Non-Voting) (\$35.00).** *Open to any person currently enrolled in a Paralegal Studies Program or who has completed a formal Paralegal Studies Program within one year. Student members are encouraged to join and become active in committees. Student membership may be converted to Voting, Associate or Sustaining if the student member's status changes upon completion of their course of study.*
- Dual Member (\$55.00).** *Open to any person who is a member, whether voting, student, or associate, of another NFPA state or county affiliated paralegal association and whose membership dues to NFPA have been paid through such other association for the current year. **You cannot choose PAP as your Primary Association to enroll in this category.***

**NFPA's membership list is available for purchase. To opt out of the sale of the mailing list, please check the box below:

- I do not want my contact information provided to anyone who purchases NFPA's membership list.

PLEASE PRINT CLEARLY OR TYPE

Section 2

Please provide the following information about yourself:

Name _____ Home Phone (_____) _____

Credential(s, if any – please list all) _____

Home Address _____

City _____ State _____ Zip _____ County _____

Current Employer _____ Business Phone (_____) _____

Business Address _____

City _____ State _____ Zip _____ County _____

Month/Date of Birth _____ (no need to provide year)

Office E-mail Address _____

Home E-mail Address _____

Foreign Languages spoken, if any: _____

Please indicate where you wish to receive PAP information: Home Office

If you are presently attending or have attended a paralegal training program, please indicate where:

Anticipated/Date of Graduation: _____

Years of Experience as a Paralegal: _____

If you have not attended a paralegal training program, please *briefly* describe the relevant training you have received. (Please use additional sheets, if necessary)

PAP encourages all of its members to actively participate on committees of the Association. Please check the website for more information regarding each of the committees listed below. To be placed on the mailing list for a committee, please check those committees in which you are interested and may wish to become active:

- | | | |
|---|---|--|
| <input type="checkbox"/> Bankruptcy | <input type="checkbox"/> Corporate | <input type="checkbox"/> Environmental Awareness |
| <input type="checkbox"/> Estates/Trusts | <input type="checkbox"/> Family Law | <input type="checkbox"/> Immigration |
| <input type="checkbox"/> In-House Practice | <input type="checkbox"/> Intellectual Property | <input type="checkbox"/> Litigation |
| <input type="checkbox"/> Member Services | <input type="checkbox"/> Newsletter | <input type="checkbox"/> PACE-PCCE |
| <input type="checkbox"/> Pro Bono/Community Service/Military Outreach | <input type="checkbox"/> Professional Development | <input type="checkbox"/> Programs |
| <input type="checkbox"/> Public Relations-Marketing | <input type="checkbox"/> Real Estate | <input type="checkbox"/> Technology |

Section 3

What is your practice area(s)? _____

Please list paralegal employment history and/or attach a current résumé.

Have you ever been convicted of a crime? Yes No

If yes: misdemeanor felony

If yes to either question above, please explain in full detail. Attach additional sheets and documentation, if necessary.

If you are an attorney, have you ever been disbarred, revoked, suspended or curtailed from any Bar Association in any state?

Yes No

If yes: Attorney Identification/License Number _____ State of licensure _____

Section 4

Are you a member (voting, student, or associate) of another NFPA state or county affiliated paralegal association whose membership dues to NFPA will be paid through such other association for the current year? Yes No

If yes, name of association(s): _____

Please indicate if PAP is your primary association: Yes No

Section 5

I UNDERSTAND THAT THIS APPLICATION DOES NOT CONSTITUTE AUTOMATIC MEMBERSHIP IN THE PHILADELPHIA ASSOCIATION OF PARALEGALS AND THAT ALL INFORMATION IS SUBJECT TO VERIFICATION. I AM AWARE THAT THE MEMBER SERVICES COMMITTEE AND/OR THE BOARD OF DIRECTORS WILL REVIEW THIS APPLICATION. IF ACCEPTED, I WILL RECEIVE A MEMBERSHIP CARD AND BE PLACED ON THE ASSOCIATION'S MAILING LIST. I HEREBY CERTIFY THAT THE INFORMATION PROVIDED IN THIS APPLICATION IS TRUE AND COMPLETE AND THAT I MEET THE ASSOCIATION'S MEMBERSHIP REQUIREMENTS AND THOSE OF THE CATEGORY FOR WHICH I AM APPLYING. I AGREE TO NOTIFY THE ASSOCIATION OF ANY CHANGE OF ADDRESS OR CHANGE IN MY STATUS THAT AFFECTS THE TYPE OF MEMBERSHIP APPLIED FOR ON THIS APPLICATION.

Date _____ Applicant's Signature _____

School Administrator Verification of Enrollment (to be completed for Student membership applications *only*)

Date _____ School Representative _____

Please attach a check or money order*** made payable to: **The Philadelphia Association of Paralegals** and return this application with appropriate dues**** to:

The Philadelphia Association of Paralegals
P.O. Box 59198
Philadelphia, PA 19102-9198

****We also welcome online payments at www.philaparalegals.com. Please note: no refunds. If paying online, we encourage you to submit your application via email to memberservices@philaparalegals.com. Thank you.*

*****If paying for both PAP and Philadelphia Bar memberships simultaneously to take advantage of the discount, we will forward your Bar dues to the Philadelphia Bar Association. Remember to include a \$5 late fee if paying after February 10, 2021.*