

**CAPITAL AREA PARALEGAL ASSOCIATION**

*An Affiliate of the National Association of Legal Assistants, Inc.*

**MEMBERSHIP APPLICATION / RENEWAL 2010**

**ANNUAL DUES ARE DUE & PAYABLE JANUARY 1 OF EACH YEAR**

**NEW**  **RENEWAL** (For RENEWING members, dues are DELINQUENT March 1 of any year. Renewal applications postmarked March 1 or later will require payment of the \$10.00 initiation fee plus applicable dues as indicated on Page 2 to be in good standing.)

**TYPE OF MEMBERSHIP** (Please refer to Page 2):

**VOTING MEMBER**                       **ASSOCIATE MEMBER**                       **STUDENT MEMBER**

I understand that the Capital Area Paralegal Association ("CAPA") may contact my employer to verify my employment. I further understand that all information on this application is the property of CAPA. None of the information on this application will be released to any source outside CAPA, the Paralegal Division of the State Bar of Texas, the National Association of Legal Assistants, Inc., or the Texas Alliance of Paralegal Associations, except as authorized by the CAPA Board of Directors.

Name: \_\_\_\_\_  
[Please include any designations to which you are entitled (e.g., CLA/CP, CLAS/ACP, PLS, TBLS Specialty, PACE)]

Work:  
Employer: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
City: \_\_\_\_\_ Zip: \_\_\_\_\_

Physical Address: \_\_\_\_\_  
City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
E-mail Address: \_\_\_\_\_  (Check if preferred)

Does your employer have a no solicitation policy regarding e-mail?     Yes     No

Home:  
Mailing Address: \_\_\_\_\_  
City: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_  (Check if preferred)

Area of Concentration: \_\_\_\_\_

Where do you wish to receive mail?     Home                       Office

Do you wish to have the following information listed in the membership directory?  
Home Information:     Yes     No  
Birthday:     Yes     No                      Birthdate (Month/Day Only) \_\_\_\_\_ / \_\_\_\_\_

Are you NALA certified?     Yes     No    Do you have a NALA specialty?     Yes     No    If yes, In what area(s)?  
\_\_\_\_\_

Are you specialty certified by the Texas Board of Legal Specialization?     Yes     No    If yes, in what area(s)?  
\_\_\_\_\_

Have you received PACE certification by NFPA?     Yes     No

Are you interested in having a mentor?     Yes     No                      Are you interested in being a mentor?     Yes     No

How did you hear about CAPA?     Website     Current Member (Name: \_\_\_\_\_)  
 Mail Solicitation     Email Solicitation     Other: \_\_\_\_\_

## MEMBERSHIP DESCRIPTIONS AND FEES

### Voting Membership

Dues are **\$50.00** annually with a **\$10.00** initiation fee (total **\$60.00** for first year). Applicants for INITIAL membership between July 1-Oct. 31 of any year pay ½ the annual dues (\$25.00) plus the \$10.00 initiation fee for membership through Dec. 31 of that year. Applicants for INITIAL membership between Nov. 1-Dec. 31 pay the full annual dues of \$50.00 plus the \$10.00 initiation fee for membership through Dec. 31 of the **following** year.

To qualify for Voting Membership, the applicant must (i) be currently employed as a paralegal / legal assistant or working at least 30 hours per week as a freelance paralegal / legal assistant **and** (ii) meet ONE of the following criteria:

- (1) have received a four-year degree;
- (2) have completed a paralegal program;
- (3) have five (5) years of paralegal experience; **or**
- (4) have received NALA, NFPA, or TBLS certification.

**All new and renewing Voting Membership applicants are REQUIRED TO COMPLETE THE VERIFICATION OF FULFILLMENT OF MEMBERSHIP CRITERIA FOR VOTING MEMBERSHIP AND SUPERVISING ATTORNEY VERIFICATION (Page 3).**

**Applicants applying under (4) MUST SUBMIT A COPY OF THE CERTIFICATE; those applying under (1) or (2) MUST SUBMIT A COPY OF THEIR TRANSCRIPT OR A SIGNED, NOTARIZED STATEMENT FROM THE REGISTRAR OF THE SCHOOL OF ATTENDANCE. Applicants applying under (3) MUST SUBMIT SUFFICIENT ATTORNEY VERIFICATIONS (Page 4) TO TOTAL FIVE YEARS PARALEGAL EXPERIENCE. Evidence of qualifications (1) through (4) above are required at the time of initial application ONLY.**

### Associate Membership

Dues are **\$30.00** annually with a **\$10.00** initiation fee (total **\$40.00** for first year). Applicants for INITIAL membership between July 1-Oct. 31 of any year pay only ½ the annual dues (\$15.00) plus the \$10.00 initiation fee for membership through Dec. 31 of that year. Applicants for INITIAL membership between Nov. 1-Dec. 31 pay the full annual dues of \$30.00 plus the \$10.00 initiation fee for membership through Dec. 31 of the **following** year.

To qualify for Associate Membership, the applicant: (i) must be employed as a paralegal but has not yet satisfied (1)–(4) of Voting Membership, (ii) is presently employed as a coordinator of the paralegal program in a law firm, governmental agency, or corporate legal department, (iii) is not currently employed as a paralegal but has completed a paralegal training program, or (iv) has previously been employed as a paralegal but is not employed at the time of application. Applicants requesting Associate Member status are **REQUIRED TO COMPLETE THE VERIFICATION OF MEMBERSHIP FULFILLMENT OF CRITERIA AND EMPLOYMENT STATUS FOR ASSOCIATE MEMBERS (Page 5).**

### Student Membership

Dues are **\$25.00** annually with a **\$10.00** initiation fee (total **\$35.00** for first year). Applicants for INITIAL membership between July 1-Oct. 31 of any year pay only ½ the annual dues (\$12.50) plus the \$10.00 initiation fee for membership through Dec. 31 of that year. Applicants for INITIAL membership between Nov. 1-Dec. 31 pay the full annual dues of \$25.00 plus the \$10.00 initiation fee for membership through Dec. 31<sup>st</sup> of the **following** year.

To qualify for Student Membership, the applicant must be currently enrolled in a paralegal/legal assistant/lawyer's assistant program and provide proof of enrollment (Page 6). Upon completion of the training program and receipt of a certificate thereof, a Student Member may either immediately submit a change of status form to apply for Voting Membership or Associate Membership, or apply for Voting Membership or Associate Membership at the beginning of the next calendar year.

# VERIFICATION OF FULFILLMENT OF MEMBERSHIP CRITERIA

## VOTING MEMBERSHIP

My name is \_\_\_\_\_. I am currently employed as a paralegal / legal assistant, or work at least thirty hours (30 hrs.) per week as a freelance paralegal, and am qualified to perform and do perform these duties in my present job. I hereby attest that I meet the requirements for Voting Membership as set forth below **(PLEASE CHECK ALL WHICH APPLY)**.

- \_\_\_\_\_ 1. I certify that I have received a four-year degree.
- \_\_\_\_\_ 2. I certify that I have graduated from a paralegal / legal assistant or lawyer's assistant training program.
- \_\_\_\_\_ 3. I certify that I have five (5) years of paralegal experience.
- \_\_\_\_\_ 4. I certify that I am NALA, TBLS, or NFPA certified.

I hereby apply for membership in the Capital Area Paralegal Association as a Voting Member. I swear that the above information is correct. If my membership is accepted, I agree to be bound by the Bylaws of the Capital Area Paralegal Association, and I have read and agree to be bound by the Code of Ethics adopted by the Capital Area Paralegal Association and the National Association of Legal Assistants, Inc.

I certify that I have not been convicted of a felony or crime of moral turpitude.

APPLICANT: \_\_\_\_\_ DATE: \_\_\_\_\_

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## SUPERVISING ATTORNEY VERIFICATION

I certify that \_\_\_\_\_ is – (please check one):  
 employed full time as a paralegal / legal assistant as defined by the State Bar of Texas and that I am his or her supervising attorney; or  
 works at least thirty hours (30 hrs.) per week as a freelance paralegal, and I am his or her supervising attorney.

\_\_\_\_\_  
SIGNATURE OF SUPERVISING ATTORNEY                      NAME OF LAW FIRM, CORPORATION, OR AGENCY

\_\_\_\_\_  
PRINTED NAME OF SUPERVISING ATTORNEY                      PHONE NUMBER

\_\_\_\_\_  
STATE BAR NO.                      DATE

✉ MAIL COMPLETED APPLICATION & CHECK PAYABLE TO THE CAPITAL AREA PARALEGAL ASSOCIATION TO:

**Kathy Harkins, MA, CLAS, TBLS**  
c/o Wilson Grosenheider & Jacobs  
P. O. Box 1584  
Austin, TX 78767

TOTAL DUES ENCLOSED: \$ \_\_\_\_\_

**IF YOU HAVE A BUSINESS CARD, PLEASE ATTACH ONE TO YOUR APPLICATION.**

## ADDITIONAL SUPERVISING ATTORNEY VERIFICATION

TO BE USED AS NEEDED TO VERIFY FIVE (5) YEARS EXPERIENCE AS A PARALEGAL  
FOR VOTING MEMBERSHIP UNDER CATEGORY (3) MEMBERSHIP REQUIREMENTS

### SUPERVISING ATTORNEY VERIFICATION

I certify that \_\_\_\_\_ was employed full time as a paralegal / legal assistant as defined by  
the State Bar of Texas from \_\_\_\_\_ to \_\_\_\_\_, and that I was his or her supervising attorney.  
(Date) (Date)

\_\_\_\_\_  
SIGNATURE OF SUPERVISING ATTORNEY

\_\_\_\_\_  
NAME OF LAW FIRM, CORPORATION, OR AGENCY

\_\_\_\_\_  
PRINTED NAME OF SUPERVISING ATTORNEY

\_\_\_\_\_  
PHONE NUMBER

\_\_\_\_\_  
STATE BAR NO.

\_\_\_\_\_  
DATE

### SUPERVISING ATTORNEY VERIFICATION

I certify that \_\_\_\_\_ was employed full time as a paralegal / legal assistant as defined by  
the State Bar of Texas from \_\_\_\_\_ to \_\_\_\_\_, and that I was his or her supervising attorney.  
(Date) (Date)

\_\_\_\_\_  
SIGNATURE OF SUPERVISING ATTORNEY

\_\_\_\_\_  
NAME OF LAW FIRM, CORPORATION, OR AGENCY

\_\_\_\_\_  
PRINTED NAME OF SUPERVISING ATTORNEY

\_\_\_\_\_  
PHONE NUMBER

\_\_\_\_\_  
STATE BAR NO.

\_\_\_\_\_  
DATE

### SUPERVISING ATTORNEY VERIFICATION

I certify that \_\_\_\_\_ was employed full time as a paralegal / legal assistant as defined by  
the State Bar of Texas from \_\_\_\_\_ to \_\_\_\_\_, and that I was his or her supervising attorney.  
(Date) (Date)

\_\_\_\_\_  
SIGNATURE OF SUPERVISING ATTORNEY

\_\_\_\_\_  
NAME OF LAW FIRM, CORPORATION, OR AGENCY

\_\_\_\_\_  
PRINTED NAME OF SUPERVISING ATTORNEY

\_\_\_\_\_  
PHONE NUMBER

\_\_\_\_\_  
STATE BAR NO.

\_\_\_\_\_  
DATE

# VERIFICATION OF FULFILLMENT OF MEMBERSHIP CRITERIA AND EMPLOYMENT STATUS

## ASSOCIATE MEMBERSHIP

My name is \_\_\_\_\_. I hereby attest that I meet the requirements for Associate Membership as set forth below (**PLEASE CHECK ONE**):

- \_\_\_\_\_ 1. I certify that I am employed as a paralegal but have not yet satisfied requirements (1) – (4) of Voting Membership;
- \_\_\_\_\_ 2. I am presently employed as a coordinator of the paralegal program within a law firm, governmental agency, or corporate legal department;
- \_\_\_\_\_ 3. I am not currently employed as a paralegal but have completed a paralegal training program; **or**
- \_\_\_\_\_ 4. I have previously been employed as a paralegal, but am not employed at the time of application.

I hereby apply for membership in the Capital Area Paralegal Association as an Associate Member. If my membership is accepted, I agree to be bound by the Bylaws of the Capital Area Paralegal Association, and I have read and agree to be bound by the Code of Ethics adopted by the Capital Area Paralegal Association and the National Association of Legal Assistants, Inc.

I certify that I have not been convicted of a felony or crime of moral turpitude.

APPLICANT: \_\_\_\_\_ DATE: \_\_\_\_\_

✉ MAIL COMPLETED APPLICATION & CHECK PAYABLE TO THE CAPITAL AREA PARALEGAL ASSOCIATION TO:

**Kathy Harkins, MA, CLAS, TBLS**  
c/o Wilson Grosenheider & Jacobs  
P. O. Box 1584  
Austin, TX 78767

TOTAL DUES ENCLOSED: \$ \_\_\_\_\_

# VERIFICATION OF FULFILLMENT OF MEMBERSHIP CRITERIA

## STUDENT MEMBERSHIP

My name is \_\_\_\_\_ . I hereby attest that I meet the requirements for Student Membership as proven below.

I hereby apply for membership in the Capital Area Paralegal Association as a Student Member. If my membership is accepted, I agree to be bound by the Bylaws of the Capital Area Paralegal Association, and I have read and agree to be bound by the Code of Ethics adopted by the Capital Area Paralegal Association and the National Association of Legal Assistants, Inc.

I certify that I have not been convicted of a felony or crime of moral turpitude.

APPLICANT: \_\_\_\_\_ DATE: \_\_\_\_\_

## STUDENT PROGRAM VERIFICATION

I hereby certify that \_\_\_\_\_ is **currently** enrolled in a paralegal / legal assistant / lawyer's assistant program with our school.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
NAME OF UNIVERSITY, SCHOOL OR PROGRAM

\_\_\_\_\_  
PRINTED NAME

\_\_\_\_\_  
PHONE

\_\_\_\_\_  
TITLE

\_\_\_\_\_  
DATE

➡ MAIL COMPLETED APPLICATION & CHECK PAYABLE TO THE CAPITAL AREA PARALEGAL ASSOCIATION TO:

**Kathy Harkins, MA, CLAS, TBLS**  
c/o Wilson Grosenheider & Jacobs  
P. O. Box 1584  
Austin, TX 78767

TOTAL DUES ENCLOSED: \$ \_\_\_\_\_

# Volunteering with CAPA

Please indicate the committee(s) in which you would be interested in participating. General duties of each committee are shown below. You are encouraged to assist wherever you have an interest. Please note that serving on a committee does not require you to assist with each activity for which the committee is responsible. The more volunteers we have, the less work each person has to handle.

Return this form with your completed membership application.

\_\_\_\_\_ **Community Services/PR/Social Committee.** Assist chair and committee with organizing community service outreach projects and social events, including recruiting volunteers, scheduling and arranging volunteers to assist with projects, promoting the community service event, and preparing report to Board concerning projects

\_\_\_\_\_ **Continuing Education “CLE” Committee.** Assist chair and committee with finding valuable topics of CLE for presentation to CAPA membership. Assist with obtaining qualifying CLE credit at both the state and national level. Assist with organizing and promoting CLE events, and preparing information for *CAPA Brief* concerning the CLE event.

\_\_\_\_\_ **Job Bank.** Assist chair with gathering information concerning new prospective jobs and assembling information for CAPA Job Bank.

\_\_\_\_\_ **Membership.** Assist chair and committee with recruiting new and former inactive members. Individuals can apply for Voting, Associate or Student Membership. Organizations can apply for Sustaining Membership. Assist with membership drive in November and December of each year, including assembly of renewal application packets. Assist with presentations to various legal organizations, colleges, and trade schools to promote CAPA as a professional paralegal organization.

\_\_\_\_\_ **Programs Committee.** Assist chair and committee with locating and securing speakers for the monthly luncheon. Assist with obtaining CLE credit for each of the monthly luncheon presentations.

\_\_\_\_\_ **RSVP.** Assist chair and committee with organizing RSVP for the monthly luncheons, checking in attendees at the luncheon, and working with the luncheon location to ensure the event runs smoothly.

\_\_\_\_\_ **Publication Committee.** Assist chair and committee with recruiting individuals to contribute legal articles for *CAPA Brief*. Assist with preparing and/or proofing the *CAPA Brief* for monthly publication.

\_\_\_\_\_ **Mentor Committee.** Assist chair and committee with finding and recruiting active paralegals willing to mentor new paralegals entering the profession. Assist with matching active paralegals with new paralegals in their area of concentration and interests.

\_\_\_\_\_ **Volunteer Legal Services.** Assist chair and committee by volunteering at the monthly legal clinics that benefit the community by providing affordable legal services while under the direction of a licensed attorney.

\_\_\_\_\_ **Web Team.** Assist chair and committee with gathering information and updating the CAPA website. Assist with maintaining CAPA’s group email.

\_\_\_\_\_ **Nancy McLaughlin Scholarship.** Assist chair and committee with determining various scholarships to be offered to members and the best way to fund them.

\_\_\_\_\_ **Sustaining Member Liaison.** Work closely with Sustaining Members to find ways to benefit both the member and CAPA. Organize monthly spotlight vendors for the luncheons. Organize sponsors and/or door prizes for various CAPA functions as the need arises.