

**CAPITAL AREA PARALEGAL ASSOCIATION**

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

**MEMBERSHIP APPLICATION / RENEWAL 2008**

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

**NEW**  **RENEWAL** (For RENEWING members, dues are DELINQUENT March 1<sup>st</sup> of any year. Renewal applications postmarked March 1<sup>st</sup> or later will require payment of the \$10 initiation fee plus applicable dues as indicated on Page 2 to be in good standing.)

**TYPE OF MEMBERSHIP** (Please refer to Page 2 when making determination)

**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 Legal Assistants 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, CLAS, 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 listed in the 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 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

## MEMBERSHIP DESCRIPTIONS AND FEES

### Voting Membership

Dues are **\$50.00** annually with a **\$10** initiation fee, for a total of **\$60.00** for first year membership. Those applying for INITIAL membership between July 1<sup>st</sup> and October 31<sup>st</sup> of any year pay only ½ the annual dues or \$25.00 plus the \$10 initiation fee for membership through December 31<sup>st</sup> of that year. Those applying for INITIAL membership between November 1<sup>st</sup> and December 31<sup>st</sup> of any year pay the full annual dues of \$50.00 plus the \$10 initiation fee for membership through December 31<sup>st</sup> of the **following** year.

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

- (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.

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

### Associate Membership

Dues are **\$30.00** annually with a **\$10** initiation fee, for a total of **\$40.00** for first year membership. Those applying for INITIAL membership between July 1<sup>st</sup> and October 31<sup>st</sup> of any year pay only ½ the annual dues or \$15.00 plus the \$10 initiation fee for membership through December 31<sup>st</sup> of that year. Those applying for INITIAL membership between November 1<sup>st</sup> and December 31<sup>st</sup> of any year pay the full annual dues of \$30.00 plus the \$10 initiation fee for membership through December 31<sup>st</sup> of the **following** year.

To qualify for Associate Membership, the applicant must be employed as a legal assistant, but has not yet satisfied (1)–(4) of Voting Membership; or is presently employed as a coordinator of the legal assistant program within a law firm, governmental agency, or corporate legal department; or is not currently employed as a legal assistant but has completed a paralegal training program; or has previously been employed as a legal assistant, 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** initiation fee, for a total of **\$35.00** for first year membership. Those applying for INITIAL membership between July 1<sup>st</sup> and October 31<sup>st</sup> of any year pay only ½ the annual dues or \$12.50 plus the \$10 initiation fee for membership through December 31<sup>st</sup> of that year. Those applying for INITIAL membership between November 1<sup>st</sup> and December 31<sup>st</sup> of any year pay the full annual dues of \$25.00 plus the \$10 initiation fee for membership through December 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 such 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, applying for Voting Membership or Associate Membership in the Association, or apply for Voting Membership or Associate Membership in the Association at the beginning of the next calendar year.

# ATTORNEY VERIFICATION

## To be Completed by Voting Members Applicants AND Renewals

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:

**Ro Buchanan**  
506-A Hickory Ridge Road  
Manchaca, TX 78652

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 LEGAL ASSISTANT  
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

To be Completed by Associate Members Only

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

**Ro Buchanan**  
506-A Hickory Ridge Road  
Manchaca, TX 78652

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

# VERIFICATION OF FULFILLMENT OF MEMBERSHIP CRITERIA

## To be Completed by Student Members Only

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:

**Ro Buchanan**  
506-A Hickory Ridge Road  
Manchaca, TX 78652

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

## Volunteering with CAPA

Please indicate the committee(s) you would be interested in participating. General duties of each committee have been provided. 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 that the committee is responsible for. The more volunteers we have, the less work each person has to handle.

Return this form with your completed membership application.

\_\_\_\_\_ **Community Services** Assist chair and committee in finding and organizing community services outreach projects that would benefit the community including recruiting volunteers, scheduling and arranging volunteers to assist with projects, promoting the community service event, and preparing report back to board concerning projects.

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

\_\_\_\_\_ **Job Bank** Assist chair in gathering information concerning new prospective jobs and assembling information for job bank.

\_\_\_\_\_ **Membership** Assist chair and committee in recruiting new and former inactive members. Individuals can apply for membership as a voting, associate or student member. Organizations can apply for membership in a sustaining member capacity. Assist with membership drive in November and December of each year, including assembling 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 in locating and securing speakers for the monthly luncheon. Assist in obtaining CLE credit for each of the monthly luncheons.

\_\_\_\_\_ **RSVP** Assist chair and committee in 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 in recruiting individuals to contribute legal articles for CAPA Brief. Assist in helping prepare and/or proofing the CAPA Brief for monthly publication.

\_\_\_\_\_ **Social Events** Assist chair and committee in organizing social events including recruiting volunteers, scheduling and arranging volunteers to assist with events, promoting event and preparing report back to board concerning event.

\_\_\_\_\_ **Mentor Committee** Assist chair and committee in finding and recruiting active paralegals willing to mentor new paralegals regarding the paralegal profession. Assist in 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 would benefit the community by providing affordable legal services while under the direction of a licensed attorney.

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**Web Team** Assist chair and committee in gathering information and updating the CAPA website. Assist in maintaining CAPA's group email.

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

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**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.