



CAPITAL AREA PARALEGAL ASSOCIATION

An Affiliate of NALA – The Paralegal Association

STUDENT MEMBERSHIP APPLICATION / RENEWAL 2018

Annual dues are payable January 1st

NEW RENEWAL (For renewing members, dues are delinquent as of March 1. Renewal applications received after March 1 will be subject to all requirements of a NEW member application.)

I understand that the Capital Area Paralegal Association (“CAPA”) may contact my school to verify my enrollment. 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 of CAPA, the Paralegal Division of the State Bar of Texas, NALA – The Paralegal Association, or the Texas Alliance of Paralegal Associations, except as authorized by the CAPA Board of Directors.

Any fields completed below will appear in the CAPA member directory upon acceptance of membership. If you do not wish for certain information to be displayed in the directory, please leave those fields blank.

(*denotes required information)

Name*: _____

Preferred E-mail Address*: _____

School/Program: _____

Employer: _____

Employer Address: _____

City: _____ State: _____ Zip Code: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ Birthday: (Month/Day only): _____

Are you interested in having a mentor? yes no

Please check up to three (3) sections in which you are interested:

- | | | | |
|--|--|--|--|
| <input type="checkbox"/> Administrative | <input type="checkbox"/> Criminal Law | <input type="checkbox"/> Leadership/Management | <input type="checkbox"/> Probate/Estates |
| <input type="checkbox"/> Bankruptcy | <input type="checkbox"/> Family Law | <input type="checkbox"/> Labor/Employment | <input type="checkbox"/> Product Liability |
| <input type="checkbox"/> Contracts | <input type="checkbox"/> Government | <input type="checkbox"/> Litigation | <input type="checkbox"/> Real Estate |
| <input type="checkbox"/> Commercial/Contract | <input type="checkbox"/> Insurance | <input type="checkbox"/> Medical/PI | <input type="checkbox"/> Technology |
| <input type="checkbox"/> Corporate | <input type="checkbox"/> Intellectual Property | <input type="checkbox"/> Oil/Gas/Mineral | <input type="checkbox"/> Other: _____ |

How did you hear about CAPA? Referred by Current Member (Name: _____)

Website School Program Mail/E-mail Solicitation Membership Drive

DUES Initial membership dues are as follows:

| <u>Application Date</u> | <u>Total Dues</u> |
|-------------------------|---|
| January 1 — June 30 | \$35.00 (\$25.00* + \$10.00 initiation fee) |
| July 1 – October 31 | \$22.50 (\$12.50 + \$10.00 initiation fee) |
| | (*Amount due for renewals each January) |

Nov. 1- Dec. 31: Applicants for INITIAL membership pay the full annual dues shown above plus the initiation fee for membership through Dec. 31 of the **following** year.

VERIFICATION OF FULFILLMENT OF MEMBERSHIP CRITERIA
STUDENT MEMBERSHIP

To qualify for student membership, the applicant must be currently enrolled in a paralegal/legal assistant¹ program and provide proof of enrollment below. Upon completion of the training program and receipt of a certificate thereof, a Student Member may either immediately submit a change of status to apply for Voting Membership or Associate Membership, or change their membership status at the time of renewal.

My name is _____ . I hereby attest that I meet the requirements for Student Membership.

I hereby apply for membership in the Capital Area Paralegal Association as a Student Member. I swear that the above information is correct. I understand that any and all information provided on this application may be verified by any member of the Board of Directors and/or any member of the Membership Committee. I further understand that I may be subject to a criminal background check. If my membership is accepted, I agree to be bound by the Bylaws and Standing Rules of the Capital Area Paralegal Association, and I have read and agree to be bound by the Code of Ethics and Professional Responsibility adopted by the Capital Area Paralegal Association and NALA – The Paralegal Association.

I certify that I have not been convicted of a felony. (Please check box.)

APPLICANT: _____

DATE: _____

STUDENT PROGRAM VERIFICATION

I certify that _____ is **currently** enrolled in a paralegal program with our school.

SIGNATURE

NAME OF UNIVERSITY, SCHOOL, OR PROGRAM

PRINTED NAME

PHONE NUMBER

TITLE

DATE

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

Joni E. Bures, CAPA Membership Chair
Powell & Leon, LLP
115 Wild Basin Road, Suite 106
Austin, Texas 78746

TOTAL DUES ENCLOSED: \$ _____

¹The person must meet the definition of a paralegal as adopted by the National Association of Legal Assistants ("**NALA**"), which reads as follows: "Legal assistants, also known as paralegals, are a distinguishable group of persons who assist attorneys in the delivery of legal services. Through formal education, training and experience, legal assistants have knowledge and expertise regarding the legal system and substantive and procedural law which qualify them to do work of a legal nature under the supervision of an attorney. However, it is not the intent of CAPA to exclude any member of the legal profession whose job duties fit the definition of paralegal but whose job title remains "legal assistant" or some other similar title. Additionally, the term "substantive" shall mean work requiring recognition, evaluation, organization, analysis, and communication of relevant facts and legal concepts.

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