

VERIFICATION OF FULFILLMENT OF MEMBERSHIP CRITERIA  
STUDENT MEMBERSHIP

To qualify for student membership, the applicant must be currently enrolled in a paralegal/legal assistant<sup>1</sup> 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.

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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: \$ \_\_\_\_\_

<sup>1</sup>The 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.

## VERIFICATION OF CONTINUING LEGAL EDUCATION

Renewing **Voting** Members must complete (five) 5 hours of substantive Continuing Legal Education between January 1<sup>st</sup> and December 31<sup>st</sup> to be eligible for renewal. Renewing **Associate** and **Student** Members must complete two (2) hours of substantive Continuing Legal Education between January 1<sup>st</sup> and December 31<sup>st</sup> to be eligible for renewal. Substantive continuing legal education completed during any membership year in excess of the minimum hour requirement for such period may not be carried over to the next membership year. Members are allowed no more than one (1) hour of self-study or pro bono service to satisfy the hour requirement. Use the form below to report all appropriate CLE hours obtained during the membership year to CAPA.

Date	Sponsor	Speaker/Topic	Hours
		<b>TOTAL:</b>	

Any amendment or alteration to this form, or failure to sign, will result in disqualification from membership in the Capital Area Paralegal Association at the time the amendment or alteration is discovered. By signing below, you are certifying you have completely and truthfully provided the information on this form.

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

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