

VERIFICATION OF FULFILLMENT OF MEMBERSHIP CRITERIA  
ASSOCIATE MEMBERSHIP

My name is \_\_\_\_\_ . I hereby attest that I meet the requirements for Associate Membership as set forth below (please check one) and hereby certify that:

- 1. I am employed as a paralegal but have not satisfied requirements 1-4 of Voting Membership;
- 2. I am presently employed as a coordinator of a 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;
- 4. I have previously been employed as a paralegal, but am not employed at the time of application;
- 5. I do not live or work in the Austin metropolitan area.

I hereby apply for membership in the Capital Area Paralegal Association as an Associate 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: \_\_\_\_\_

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

Joni E. Bures, CAPA Membership Chair  
Powell & Leon, LLP  
108 Wild Basin Road, Suite 100  
Austin, TX 78746

OR PAY DUES ONLINE AND SEND THE COMPLETED APPLICATION TO:

[membership@capatx.org](mailto:membership@capatx.org)

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

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