

VERIFICATION OF FULFILLMENT OF MEMBERSHIP CRITERIA
VOTING MEMBERSHIP

My name is _____ . I am currently employed as a paralegal, or work at least thirty (30) hours 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 that apply) and hereby certify that:

- 1. I have received a four-year degree.
- 2. I have graduated from a paralegal/legal assistant program.
- 3. I have five (5) years of paralegal experience.
- 4. 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. 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: _____

SUPERVISING ATTORNEY VERIFICATION

I certify that _____ has the required five (5) years of paralegal experience (if Item 3 is checked above) and is one of the following:

- employed full time as a paralegal, and I am his or her supervising attorney; or
- works at least thirty (30) hours per week as a freelance paralegal, and I am his or her supervising attorney.

SIGNATURE OF SUPERVISING ATTORNEY

NAME OF EMPLOYER

PRINTED NAME OF SUPERVISING ATTORNEY

PHONE NUMBER

STATE BAR NUMBER

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

IF YOU HAVE A BUSINESS CARD, PLEASE ATTACH ONE.

TOTAL DUES ENCLOSED: \$ _____