

APPLICATION FOR NEW MEMBERSHIP

Name _____ Home Phone () _____
Residence _____ Zip _____
Employer _____ Work Phone () _____
Address _____ Zip _____ FAX () _____
E-mail: _____ Birthday: _____ (month) _____ (day)

I hereby apply for membership in the Ventura County Paralegal Association, Inc. (VCPA) for the fiscal year beginning October 1, _____, as an:

() Active/Voting Member** () Associate Member () Student Member*** () Sustaining Member

Have you ever been convicted of a felony? _____ How did you become acquainted with VCPA? _____

If approved, I would like all mail sent to my _____ office _____ home.

Please check any committee that interests you:

| | | | | | |
|--|---|---|--|--|--|
| <input type="checkbox"/> CLA/CP Workshop Newsletter | <input type="checkbox"/> Education/Scholarship Publicity | <input type="checkbox"/> Employment Seminars/Workshops | <input type="checkbox"/> Fund Raising Website | <input type="checkbox"/> Historian Wine Tasting/Auction | <input type="checkbox"/> Law Day/5K Run Recruiting Sponsors |
|--|---|---|--|--|--|

I agree to be bound by the Code of Ethics and Professional Responsibility of the National Association of Legal Assistants and the California Alliance of Paralegal Associations and the By-laws of VCPA, as adopted. I further understand that this application is subject to approval by the Board of Directors of VCPA.

Dated _____ Signature _____

TO BE COMPLETED BY APPLICANTS FOR ACTIVE OR ASSOCIATE MEMBERSHIP

Area of practice or special interest _____

Description of duties or business _____

Name/Title of immediate supervisor _____

Years employed as a paralegal _____ Years in the legal field _____

Formal/specialized education [name and address of school] or specific training for present position:

Degrees/Certificates earned _____ Date(s) of completion _____

Current professional or business organization memberships _____

ATTORNEY-EMPLOYER ATTESTATION

** Must be completed if applying for active membership and have no certificate of completion from a paralegal program as referenced in Business & Professions Code 6450.

I hereby attest that _____ has a baccalaureate degree and a minimum of one year of law-related experience under the supervision of an attorney.

I hereby attest that _____ has a high school diploma and has a minimum of three years of law-related experience under the supervision of an attorney not later than December 31, 2003.

This applicant is a paralegal and performs paralegal tasks, under the direction and supervision of an attorney, that include but are not limited to, case planning, development and management; legal research; interviewing clients; fact gathering and retrieving information; drafting and analyzing legal documents; collecting compiling, and utilizing technical information to make an independent decision and recommendation to the supervising attorney.

I further attest that applicant's ethical and professional conduct are above reproach, and that I would recommend applicant for membership in VCPA.

Dated: _____
Signature of Attorney _____

***TO BE COMPLETED BY APPLICANTS FOR STUDENT MEMBERSHIP

Current school _____

Address: _____

Course enrolled in _____

Expected completion date _____

Signature of instructor _____
[or attach proof of enrollment]

Annual dues for active & associate membership are \$40; student membership is \$30; & sustaining membership is \$125. Please mail your completed application and check to: VCPA, P.O. Box 24229, Ventura, CA 93002, Attn: Second Vice-President/Membership. If you have questions, please write to us at this address or visit the VCPA website at: www.vcparalegal.org

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