

**VCPA MEMBERSHIP RENEWAL**

**YOUR MEMBERSHIP WITH THE VENTURA COUNTY PARALEGAL ASSOCIATION  
EXPIRES ON SEPTEMBER 30, 2005**

To remain on the mailing list and be included in the new roster, please complete and return this form to:

VCPA Second Vice-President/Membership  
Post Office Box 24229  
Ventura, California 93002

Annual dues for Active and Associate membership:	\$ 40.00
Annual dues for Student membership:	\$ 30.00
Annual dues for Sustaining membership:	\$ 125.00

**NOTE: ALL RENEWALS RECEIVED AFTER DECEMBER 15, 2005 WILL NOT BE INCLUDED IN THE 2006 VCPA ROSTER**

Name: \_\_\_\_\_ Birthday (Month/Year) \_\_\_\_\_

Residence Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ Hm/Contact Telephone No.: \_\_\_\_\_

Employer (or School, if a student): \_\_\_\_\_

Street Address: \_\_\_\_\_ Work Telephone No.: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Fax No.: \_\_\_\_\_

Area(s) of Specialty: \_\_\_\_\_

**Check One:**

- \_\_\_\_\_ **ACTIVE MEMBERSHIP** -- Anyone who has completed or is currently enrolled in a legal assistant training program and is currently employed as a paralegal under the direction and supervision of an active member of California State Bar or an attorney practicing law in the California federal courts; or anyone who is currently, and has been for at least six months, employed as a paralegal under the direction and supervision of an active member of the California State Bar or an attorney practicing law in the California federal courts.
- \_\_\_\_\_ **ASSOCIATE MEMBERSHIP** -- Members of a Bar Association, legal educators, legal secretaries, law students, and others who support or are involved in the promotion of the paralegal/legal assistant profession.
- \_\_\_\_\_ **STUDENT MEMBERSHIP** -- Those who are enrolled in a program for paralegal certification that meets the requirements of California Business and Professions Code 6450.
- \_\_\_\_\_ **SUSTAINING MEMBERSHIP** -- Any individual or corporate entity which supports the paralegal/legal assistant profession and is interested in supporting the goals and purposes of VCPA.

Please mail VCPA correspondence to my \_\_\_\_\_ home \_\_\_\_\_ office.

Please indicate how you would like to be involved with VCPA:

_____ CLA/CP Workshop	_____ Education/Scholarship	_____ Seminars/Workshop
_____ Recruiting Sponsors	_____ Newsletter/Website	_____ Law Day/5K Run
_____ Fund Raising	_____ Publicity	_____ Historian
		_____ Employment