



ASSOCIATE MEMBERSHIP APPLICATION
FOR MEMBERSHIP YEAR 2023
EL PASO PARALEGAL ASSOCIATION
An Affiliate of the National Association of Legal Assistants, Inc.

Type of application: <input type="checkbox"/> New <input type="checkbox"/> Renewal

NAME: _____

HOME ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

HOME TELEPHONE: _____

EMPLOYER: _____

OFFICE ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

OFFICE TELEPHONE: _____ FAX NUMBER: _____

OFFICE E-MAIL: _____

HOME E-MAIL: _____

BIRTHDAY: (Month/Day) _____

SPECIALTY AREA(S) OF PRACTICE: _____

PREFERRED MAILING ADDRESS: HOME OFFICE

*******MEMBERSHIP PERIOD IS JANUARY TO DECEMBER *******

MEMBERSHIP FEE: \$40.00

(\$25.00 fee will be assessed on returned checks)

MEMBERSHIP DUES ARE DUE & PAYABLE ON OR BEFORE JANUARY 31, 2023.

PAYMENT INSTRUCTIONS

Check payment method below:

Make check payable to "EPPA". Mail check and completed application form to Laura T. Juarez, EPPA Treasurer, at 11325 Ivanhoe Dr., El Paso, Texas 79936.

Scan to pay with Cash App, and mail completed application form to Laura T. Juarez, EPPA Treasurer, at 11325 Ivanhoe Dr., El Paso, Texas 79936.



EPPA 2022
Scan to pay SEPPA915

Scan to pay with Venmo, and mail completed application form to Laura T. Juarez, EPPA Treasurer, at 11325 Ivanhoe Dr., El Paso, Texas 79936.

Jessica Lucero

@EPPA915



venmo

Scan this code to pay

Indicate under which qualification(s) you are renewing or applying for Associate Membership in EPPA:

Check One	Criteria for Qualification as Associate Member	Documentation to Submit with New Application	Documentation to Submit with Renewal Application
<input type="checkbox"/>	(a) must be presently employed as a paralegal under the direct supervision of a duly licensed attorney without satisfying the requirements of employment experience required for active membership (<i>EPPA Bylaws §6.01(b)(i)</i>); or	<ul style="list-style-type: none"> • Attorney-Employer Attestation Form • Declaration 	<ul style="list-style-type: none"> • Attorney-Employer Attestation Form
<input type="checkbox"/>	(b) must be presently employed as a coordinator or supervisor of a paralegal program within a law firm, company or agency, and previously having met the criteria for active membership (<i>EPPA Bylaws §6.01(b)(ii)</i>); or	<ul style="list-style-type: none"> • Current résumé • Declaration 	<ul style="list-style-type: none"> • Current résumé
<input type="checkbox"/>	(c) must be presently employed by a company or agency related to the legal profession but not under the direct supervision of a duly licensed attorney, but otherwise satisfying the certification or education requirements for active membership (<i>EPPA Bylaws §6.01(b)(iii)</i>); or	<ul style="list-style-type: none"> • Current résumé • Declaration 	<ul style="list-style-type: none"> • Current résumé
<input type="checkbox"/>	(d) must have a minimum of one (1) year of experience as a paralegal, be currently unemployed, without satisfying the requirements of employment experience required for active membership (<i>EPPA Bylaws §6.01(b)(iv)</i>)	<ul style="list-style-type: none"> • Current résumé • Declaration 	<ul style="list-style-type: none"> • Current résumé
<i>This page must be completed and returned, including all supporting documents.</i>			

NOTICE

EL PASO PARALEGAL ASSOCIATION (EPPA) RESERVES THE RIGHT TO REQUEST ADDITIONAL BACKGROUND AND SUPPORTING DOCUMENTATION FROM YOU TO PROCESS YOUR APPLICATION. UPON APPROVAL OF YOUR APPLICATION, YOU WILL RECEIVE A COPY OF EPPA'S BYLAWS. PLEASE CONTACT A MEMBER OF THE BOARD OF DIRECTORS IF YOU WISH TO REVIEW A COPY OF THE BYLAWS BEFORE APPROVAL OF YOUR APPLICATION.



DECLARATION

To be completed for all new associate membership applications:

I, (print or type applicant name) _____, hereby declare my interest in and sympathy with the purposes of the El Paso Paralegal Association, and hereby promise to adhere to the Articles of Incorporation and the Bylaws. I understand that I am bound by the Code of Ethics and Professional Responsibility of the National Association of Legal Assistants, Inc., in addition to any code adopted by El Paso Paralegal Association. I promise to pay the dues for Associate Members. I understand this application is subject to formal approval by the Membership Committee of the El Paso Paralegal Association.

Signature of applicant

Date



ATTORNEY-EMPLOYER ATTESTATION FORM

To be completed only when the applicant is applying for new associate membership under qualification (a) above:

ATTESTATION

I hereby attest that _____ is employed by me and is recognized as a paralegal (as defined below). I further attest that applicant has been employed by me since _____ / _____ (month/year) and is recommended for active membership in the El Paso Paralegal Association.

Attorney Signature
Bar Number: _____
Firm name, address and telephone number:

4.02 Definition of Paralegal: A legal assistant or paralegal is a person qualified by education, training or work experience who is employed or retained by a lawyer, law office, corporation, governmental agency or other entity who performs specifically delegated substantive legal work, for which the lawyer is responsible. (Adopted by the ABA in 1997).