



ASSOCIATE MEMBERSHIP APPLICATION
FOR MEMBERSHIP YEAR 2024

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 EMAIL ADDRESS: HOME OFFICE

FOR RENEWAL APPLICANTS ONLY: IN WHAT YEAR DID YOU FIRST BECOME A MEMBER OF EL PASO PARALEGAL ASSOCIATION? _____ *(Note: if you do not know the exact year, please provide an estimate.)*

*******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, 2024.



PAYMENT INSTRUCTIONS

- ✓ **Make check payable to "EPPA".**

- ✓ **Mail check and completed application form to:**
Laura T. Juarez, EPPA Treasurer
11325 Ivanhoe Dr.
El Paso, Texas 79936

- ✓ **The completed application form must include pages 1, 3, 4 (*if applicable*) and 5 (*if applicable*) and any required supporting documents (*current résumé*).**



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).