



STUDENT MEMBERSHIP APPLICATION

For Membership Year 2025

EL PASO PARALEGAL ASSOCIATION

An Affiliate of the National Association of Legal Assistants, Inc.

Type of application:

☐ New

☐ Renewal

NAME: _____

HOME ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

HOME NUMBER: _____ BIRTHDAY: (Month/Day) _____ / _____

E-MAIL: _____

SCHOOL ATTENDING: _____

EXPECTED DATE OF GRADUATION: _____

LENGTH OF PARALEGAL TRAINING PROGRAM: _____

HOURS/SEMESTERS COMPLETED: _____

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

MEMBERSHIP FEE: \$15.00

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

MEMBERSHIP DUES ARE DUE & PAYABLE ON OR BEFORE JANUARY 31, 2025.



PAYMENT INSTRUCTIONS

- ✓ **Make check payable to "EPPA".**
- ✓ **Mail check and completed application form to:**
Margie Y. Lagos, EPPA Treasurer
1501 Cidra Del Sol
El Paso, Texas 79911
- ✓ **The completed application form must include pages 1, 3, 4 (*if applicable*) and 5 and any required supporting documents (*school transcript*).**

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

Check One	Criteria for Qualification as Student Member	Documentation to Submit with New Application	Documentation to Submit with Renewal Application
☐	(a) must be a full-time student in good standing in any university, college, junior college or other approved school pursuing a course of studies as a paralegal (<i>EPPA Bylaws §7.01(a)</i>); or	• Current school transcript or Program Instructor/Coordinator Attestation Form • Declaration	• Current school transcript or Program Instructor/Coordinator Attestation Form
☐	(b) must be a graduate from any university, college, junior college or other approved school having pursued a course of studies as a paralegal who is not employed as a paralegal during the one (1) year following graduation (<i>EPPA Bylaws §7.01(b)</i>)	• School transcript or diploma • Declaration	N/A
<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 student 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 Student Members. I understand this application is subject to formal approval by the Membership Committee of the El Paso Paralegal Association.

Signature of applicant

Date



PROGRAM COORDINATOR/INSTRUCTOR ATTESTATION FORM

TO BE COMPLETED BY THE PARALEGAL PROGRAM COORDINATOR OR INSTRUCTOR:

I HEREBY ATTEST THAT _____ IS A
STUDENT AND IS CURRENTLY ENROLLED IN THE PARALEGAL PROGRAM AT ____
_____ (name of school).

SIGNATURE: _____

TITLE: _____

DATE: _____