

Indiana Paralegal Association, Inc.

3921 N. Meridian St. Suite 225
Indianapolis, IN 46208

Phone: (317) 464-5215

E-Mail: Info@IndianaParalegals.org

www.indianaparalegals.org

2008-2009 MEMBERSHIP APPLICATION

July 1, 2008 - June 30, 2009

New _____ Renewal _____

Please print or type information neatly

NAME: _____ DATE: _____

R.P. C.P.

EMPLOYER (Voting & Associate Only): _____

BUS. ADDRESS: _____ PHONE: (_____) _____

CITY/STATE/ZIP: _____

E-MAIL*: _____ (Required) FAX: (_____) _____

HOME ADDRESS: _____ PHONE: (_____) _____

CITY/STATE/ZIP: _____

*By providing your e-mail address, you will be entitled to receive certain member notifications via e-mail.

YRS. EMPLOYED AS PARALEGAL: _____

SEND MAIL TO:

Office

Home

MEMBERSHIP STATUS

At the Time of Application or Renewal

Definition: A paralegal is a person qualified through education, training or work experience to perform substantive legal work that requires knowledge of legal concepts and is customarily, but not exclusively, performed by a lawyer.

***Voting Member** - New \$70.00 _____ shall be a person currently employed in Indiana whose job classification is paralegal, legal assistant, or any equivalent term, and who performs paralegal duties at least 70% of the time while at work.
 Renewal \$60.00 _____
 Prorated** \$50.00 _____

Associate Member - \$50.00 _____ shall be: (1) a person who has been employed as a paralegal or who has completed a formal course of study, upon completion of which will be qualified for a position as a paralegal, but who is not employed as a paralegal within the State of Indiana at the time of applying for membership, or (2) a person who is employed as a paralegal outside the State of Indiana, or (3) a person whose primary responsibilities and job classifications are other than those set forth for a Voting Member, but who performs paralegal duties on a limited basis.
 Prorated** \$40.00 _____

Please circle the category under which you are applying: 1 - 2 - 3
Please provide a reference or documentation of completion of formal course of study - degree and transcript

Student Member - \$40.00 _____ shall be a person who is enrolled in a formal course of study, upon completion of which will be qualified for a position as a paralegal.
 Prorated** \$32.50 _____
School: _____

*If applying as a voting member, please provide the name, address and telephone number of a reference for purposes of verifying employment as a paralegal: _____

** FOR "NEW" APPLICANTS ONLY: An new applicant submitting their application after January 1, 2009, for the 2008-2009 membership year which expires June 30, 2009, should pay the applicable prorated amount. (Note: a "new" applicant is someone who wasn't a member during the previous membership year (i.e., July 1, 2007 - June 30, 2008). Any questions or clarifications needed should be directed to the Membership Director.

SPECIALTY AREAS

Please Check No More Than 3 Boxes

- | | | |
|--|---|---|
| <input type="checkbox"/> Appellate
<input type="checkbox"/> Banking Law
<input type="checkbox"/> Bankruptcy Law
<input type="checkbox"/> Bonds
<input type="checkbox"/> Commercial Law
<input type="checkbox"/> Construction
<input type="checkbox"/> Corporate Law
<input type="checkbox"/> Creditor's Rights
<input type="checkbox"/> Criminal Law
<input type="checkbox"/> Elder Law
<input type="checkbox"/> Employee Benefits
<input type="checkbox"/> Employment & Labor Law
<input type="checkbox"/> Environmental Law
<input type="checkbox"/> Estate Planning
<input type="checkbox"/> Family Law | <input type="checkbox"/> General
<input type="checkbox"/> Government Law
<input type="checkbox"/> Health Law
<input type="checkbox"/> Higher Education
<input type="checkbox"/> Immigration Law
<input type="checkbox"/> Insurance
<input type="checkbox"/> Intellectual Property Law
<input type="checkbox"/> Legislative
<input type="checkbox"/> Litigation:
__Asbestos __Defense
__Civil __Insurance
__Class Action __Pers.Injury
__Collections __Plaintiff
__Construction __Product Liab.
<input type="checkbox"/> Medical Malpractice | <input type="checkbox"/> Municipal Law
<input type="checkbox"/> Non-Traditional
<input type="checkbox"/> Patent Law
<input type="checkbox"/> Probate/Tax
<input type="checkbox"/> Public Utility Law
<input type="checkbox"/> Real Estate Law
<input type="checkbox"/> Regulatory
<input type="checkbox"/> Securities
<input type="checkbox"/> Social Security Disability
<input type="checkbox"/> Tax Law
<input type="checkbox"/> Telecommunications
<input type="checkbox"/> Trademark Law
<input type="checkbox"/> Transportation
<input type="checkbox"/> Veterans Administrative Law
<input type="checkbox"/> Other _____ |
|--|---|---|

COMMITTEE OPPORTUNITIES

Indicate your interest - Check No More Than 3 Boxes

- | | | |
|--|---|---|
| <input type="checkbox"/> Membership
<input type="checkbox"/> Cont. Legal Education
<input type="checkbox"/> Pro Bono
<input type="checkbox"/> Education
<input type="checkbox"/> Newsletter
<input type="checkbox"/> Monthly Meetings | <input type="checkbox"/> Ethics
<input type="checkbox"/> Legislative
<input type="checkbox"/> Public Relations
<input type="checkbox"/> Fundraiser
<input type="checkbox"/> NFPA
<input type="checkbox"/> Technology | <input type="checkbox"/> Regulation
<input type="checkbox"/> Salary Survey
<input type="checkbox"/> PACE
<input type="checkbox"/> Other: _____ |
|--|---|---|

I would like more information about the Paralegal Advanced Competency Exam (PACE)

CERTIFICATION

I hereby certify that I have read and understand the classes of membership described on this form and that I meet the criteria for the membership status for which I am applying or renewing.

I hereby affirm that I have not been convicted of a felony, that I am not a disbarred or suspended attorney, and that I have not been found to have engaged in the unauthorized practice of law. Further, I understand that once approved as a member of IPA, I am subject to all of the provisions contained in IPA's Code of Ethics and Professional Responsibility.

I hereby acknowledge that the information contained on this Application for Membership to IPA is true and accurate.

Signature _____

Date _____

IPA is a Member Association of the National Federation of Paralegal Associations, Inc. ("NFPA").

By joining IPA, you also become a member of NFPA. \$25.00 of your dues is forwarded to NFPA, \$4.00 of which pays for your annual subscription to the *National Paralegal Reporter*.

Membership cards and information will be sent within 4-6 weeks of receipt of application.

NOTE: Annual dues are for 2008-2009 and are non-refundable. Dues payments may be deductible by members as an ordinary and necessary business expense, but are not deductible as charitable contributions for federal income tax purposes.

Make check payable to: Indiana Paralegal Association, Inc.
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