



P.O. Box 355
Haddonfield, NJ 08033
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<http://www.sjparalegals.org/>

South Jersey Paralegal Association

Membership RENEWAL Application

Has the criteria under which you became a member changed since you last renewed or joined?

Yes _____ No _____

A. Please supply the following information, and return this entire form with the appropriate amount upon receipt:

Name: _____ Birth month/day: _____ / _____

Home Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

Employer: _____ Practice Area: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Business Phone: _____ Business Fax: _____

Business Email: _____

May we email you at work? (check one) Yes _____ No _____

May we publish your information in the Membership Directory and/or the SJPA Reporter?
(check one) Yes _____ No _____

As a member of SJPA, you are automatically a member of the National Federation of Paralegals ("NFPA"). Be advised that NFPA does send member information to vendors. **If you do not** want your information sent to vendors, please check "no" and SJPA will inform NFPA. If you check "yes", your information will be given to the vendors. _____ Yes _____ No

Please tell us why you want to join SJPA? _____

List topics for continuing legal education seminars that interest you and speakers you would like to recommend or hear:

How did you learn about SJPA? School _____ Friend/Coworker _____ Online _____ Other _____

If other, please explain: _____

B. Check membership level you are applying for and attach supporting documents as indicated:

NOTE: MEMBERSHIPS ARE RENEWABLE EACH YEAR

Voting Membership (\$65) is open to paralegals currently employed or retained as such, possessing **one** of the following:

- Bachelor or Associate's Degree in paralegal studies/technology; **or**
- Bachelor or Associate's Degree in any field **plus** a paralegal certificate; **or**
- Certificate from an ABA approved or AAFPE-member paralegal education program; **or**
- Certificate from a non-correspondence paralegal program, which is not ABA approved or an AAFPE-member, **and** two consecutive years paralegal experience; **or**
- Three consecutive years paralegal experience. [ATTACH RESUME]

Associate Membership (\$55 non-voting) is open to paralegals who are employed or retained as paralegals but **do not** meet any of the criteria required for voting membership; who are graduates of non-correspondence paralegal education programs and are currently unemployed; who were previously employed as paralegals but are currently unemployed; who are members in good standing of a NFPA - member association other than SJPA; who are paralegal managers, coordinators or administrators, and are applying their past paralegal experiences and/or education, in their position. [ATTACH RESUME]

Student Membership (\$45 non-voting) is open to students currently enrolled in **one** of the following:
Name of School: _____

- Non-correspondence paralegal education program; **or**
- Paralegal education program that is ABA approved *or* an AAFPE member; **or**
- An institution accredited by an agency recognized by the US Department of Education **and** offering courses at the post-secondary level. [ATTACH REGISTRATION **or** TRANSCRIPT]

Sustaining Membership (\$105 non-voting) is open to any person, partnership, corporation or entity, willing to support the goals and objectives of South Jersey Paralegal Association.

Make the most of your membership by getting involved in one of the committees listed below. Check all the committees that interest you:

Continuing Education
 Job Bank
 Mentoring
 Programs & Speakers
 Pro Bono Publico

Delivery of Paralegal Services
 Nominations & Elections
 Meetings
 Public Relations/Marketing
 Paralegal Convention (PES)

Fundraising
 Membership
 Professional Development
 Newsletter & Pubs

I understand that membership in the South Jersey Paralegal Association is not automatic. I am aware that the membership committee will review my application and if accepted, I will receive a membership and my name will be placed on the Association's mailing list. I shall notify SJPA of any changes in my address or my paralegal status. I certify that the information provided in this application is true and that I meet the requirements of the category of membership for which I am applying.

DATE: _____

Signature of Applicant

PLEASE REMEMBER TO ENCLOSE YOUR CHECK OR MONEY ORDER MADE PAYABLE TO SJPA AND ENCLOSE ALL REQUIRED DOCUMENTATION.

Return your completed application to:

**SJPA Membership Committee
P.O. Box 355
Haddonfield NJ 08033**

Please allow 6-8 weeks for processing. Should you have any questions about your application, please contact our Membership Chair, Margari Aviles at geminimargo@yahoo.com.

The South Jersey Paralegal Association is incorporated under Section 501(c)(6) as a non-profit organization and as such, your membership dues are tax deductible. Upon request, SJPA will provide a statement to that effect. A portion of your dues pays for the National Paralegal Reporter, a journal published by the National Federation of Paralegal Associations of which this Association is affiliated.