



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

South Jersey Paralegal Association

New Member Annual Application

Thank you for your interest in the South Jersey Paralegal Association. Please take a moment to fill out our membership application. We look forward to you joining us!

A. Please supply the following information:

Name: _____ Birth month/day: ____/____

Home Address: _____

Preferred Phone Contact: _____ home: ____ cell: ____

Email Address: _____

Employer: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Business Phone: _____ Business Fax: _____

Business Email: _____ Practice area: _____

May we contact /email you at work? Yes: ____ No: ____

Where do you wish to receive SJPA mailings? Home __ Office __

May we publish your information in the Membership Directory and/or the SJPA Newsletter? 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** (\$75) 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** (\$65 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** (\$115 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:

- | | | |
|---|---|---|
| <input type="checkbox"/> Continuing Education | <input type="checkbox"/> Delivery of Paralegal Services | <input type="checkbox"/> Fundraising |
| <input type="checkbox"/> Job Bank | <input type="checkbox"/> Nominations & Elections | <input type="checkbox"/> Membership |
| <input type="checkbox"/> Mentoring | <input type="checkbox"/> Meetings | <input type="checkbox"/> Professional Development |
| <input type="checkbox"/> Programs & Speakers | <input type="checkbox"/> Public Relations/Marketing | <input type="checkbox"/> Newsletter & Pubs |
| <input type="checkbox"/> Pro Bono Publico | <input type="checkbox"/> Paralegal Convention (PES) | |

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: _____
(MUST BE DATED)

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 Faustina Stargell, at starpug05@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.