

**MISSISSIPPI PARALEGAL ASSOCIATION, INC.
APPLICATION FOR MEMBERSHIP**

Paralegal/Legal Assistant Defined: A Legal Assistant is a person, qualified through education, training, or work experience, who is employed or retained by a lawyer, law office, governmental agency, or other entity in a capacity or function which involves the performance, under the ultimate direction and supervision of an attorney, of specifically-delegated substantive legal work, which work, for the most part, requires a sufficient knowledge of legal concepts that, absent such assistant, the attorney would perform the task.

(ABA Standing Committee on Legal Assistants)

PERSONAL INFORMATION (Please type or print)

Name: _____
Home Address: _____
City: _____ **State:** _____ **Zip:** _____
County: _____ **Home Telephone Number:** (____) _____ - _____
Date of Birth: _____ **E-Mail Address:** _____
Interests, Talents, Hobbies, Etc.: _____

Current Professional/Business Organization Memberships: _____

EDUCATIONAL BACKGROUND (Please type or print)

High School: _____ **Year Graduated:** _____

Colleges Attended	Dates of Attendance	Degree(s)/Major
_____	_____	_____
_____	_____	_____
_____	_____	_____

PARALEGAL/LEGAL ASSISTANT TRAINING (Please type or print)

School/Program and Address: _____

In lieu of a formal training program, have you received on-the-job training? (Circle One) Yes/No

Have you passed the Certified Paralegal/ Certified Legal Assistant Exam administered by the National Association of Legal Assistants?: (Circle One) Yes/No

Are you a member of the National Association of Legal Assistants?: (Circle One) Yes/No

Additional Training and Dates of Such Training: _____

CURRENT EMPLOYMENT (Please type or print)

Name of Employer: _____

Street Address City State Zip

Mailing Address City State Zip

Office Phone Number:(____) _____ - _____ Office Fax Number:(____) _____ - _____

E-Mail Address: _____

Position: _____

Area of Specialization: _____

Length of Time with Present Employer: _____ Total Years Experience as a Paralegal: _____

JOB DESCRIPTION (Please type or print)

In the space below, please outline in detail your duties as a Paralegal. Please estimate the percentage of your time spent on each duty with the percentages totaling not more than 100. Also, specify any tasks are not of a Paralegal nature.

I certify that this is an accurate and fair description of my duties as a Paralegal.

Signature: _____ Date: _____

SENIOR ATTORNEY/EMPLOYER ATTESTATION (Please type or print)

[To Be Completed If Applying Under Any Of Provisions 4.2(b) - 4.2(g)]

I, _____, the senior attorney/employer of the above Paralegal, do hereby certify that _____, the applicant herein, works directly under my supervision and performs those duties which are of a Paralegal in nature as defined by the American Bar Association and adopted by the Mississippi Paralegal Association, Inc. I further attest that the applicant's ethical and professional conduct are above reproach and that he/she is recommended for membership in the Mississippi Paralegal Association, Inc.

Signature: _____ Date: _____

Firm: _____

Address: _____

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MEMBERSHIP CLASSIFICATION

I hereby apply for membership in the following classifications (NOTE: Only ACTIVE members have voting privileges; all members may serve on Committees):

Effective October 17, 1990, membership of the Mississippi Paralegal Association, Inc. shall be open to any Paralegal who meets the requirements as set forth in classifications 4.2 and 4.3 below. **IF APPLYING UNDER SECTIONS 4.2(B), 4.2(C), 4.2(D), 4.2(E) PLEASE SEND PROOF OF COMPLETION OF A PARALEGAL PROGRAM.** Membership shall also be open to such other parties as set forth in classifications 4.4 and 4.5 below.

Check one or more:

4.2 ACTIVE (voting):

___(a) Any individual who has successfully completed the Certified Paralegal /Certified Legal Assistant (CP/CLA) examination of NALA.

___(b) Any individual who has graduated from an ABA approved program of study for Paralegals and is employed as a Paralegal, whose attorney-employer attests that such person is qualified as a Paralegal. ****Proof of education required****

___(c) Any individual who has graduated from a course of study for Paralegals which is institutionally accredited but not ABA approved, and which requires not less than the equivalent of 60 semester hours of classroom study and is employed as a Paralegal, whose attorney-employer attests that such person is qualified as a Paralegal. ****Proof of education required****

___(d) Any individual who has graduated from a course of study for Paralegals other than those set forth in B and C above, plus not less than six months of in-house training as a Paralegal, whose attorney-employer attests that such person is qualified as a Paralegal. ****Proof of education required****

___(e) Any individual who has received a baccalaureate degree in any field, plus not less than six months in-house training as a Paralegal, whose attorney-employer attests that such person is qualified as a Paralegal. **** Proof of education required****

___(f) Any individual who has a minimum of three years of law-related experience under the supervision of an attorney, Including at least six months of in-house training as a Paralegal, whose attorney-employer attests that such person is qualified as a Paralegal; or

___(g) Any individual who has a minimum of two years of in-house training as a Paralegal, whose attorney-employer attests that such person is qualified as a Paralegal.

_____ **4.3 INACTIVE (non-voting):**

A Paralegal who does not meet the requirements for active membership. When such Paralegal does meet the active membership requirements, it is the individual's responsibility to bring the matter before the membership committee and to pay any fees then due.

_____ **4.4 STUDENT (non-voting):**

Those individuals who are students in good standing in any university, college, junior college or other approved school pursuing a course of studies as a Paralegal. **(The application for membership must be accompanied by a letter of good standing from the School Administration.)**

_____ **4.5 ASSOCIATE (non-voting):**

____(a) Those members of bar associations endorsing the Paralegal concept or involved in the promotion of the Paralegal profession.

____(b) Those members of the educational field endorsing the Paralegal concept or involved in the promotion of the Paralegal profession.

____(c) Those individuals, law firms, corporations and Paralegal program representatives who endorse the Paralegal concept or are involved in the promotion of the Paralegal profession.

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DUES

Active Members: \$45.00

Inactive Members: \$30.00

Student Members: \$20.00

Associate Members: \$60.00

Please attach your check for dues made payable to the Mississippi Paralegal Association, Inc. and forward with this Application to:

**MPA, Membership Chairman
Post Office Box 996
Jackson, Mississippi 39205**

NOTE: Dues are effective for MPA's fiscal year January 1 through December 31.

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I agree to be bound by the enclosed Code of Ethics and Professional Responsibility of the National Association of Legal Assistants, Inc. and by the By-laws and Standing Rules as adopted by the Mississippi Paralegal Association, Inc. I further understand MPA reserves full rights concerning the review and acceptance of applications based on its interpretation of MPA and/or NALA by-laws, standards and definitions.

I hereby certify that I have not been convicted of a felony and that the information contained in this application is true and correct.

Signature: _____ Date: _____