



# CAPITAL DISTRICT PARALEGAL ASSOCIATION, INC.

Member of the National Federation of Paralegal Associations, Inc.

**Reduced Membership Dues**

3/1 – 8/31  
Voting: \$40.00  
Affiliate: \$32.00  
Student: \$27.00

## Membership Application

Membership Year is from September 1, 2009 to August 31, 2010

PO Box 12562, Albany, NY 12212-2562

www.cdpa.info

### TELL US ABOUT YOURSELF

(please provide all information requested)

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
Street 1 / Street 2 City State Zip

Phone: ( ) E-mail: \_\_\_\_\_

Please tell us if you are a:  New Member  Renewing Member

### TELL US ABOUT YOUR WORK EXPERIENCE

(please provide all information requested)

Employer: \_\_\_\_\_

Address: \_\_\_\_\_  
Street 1 / Street 2 City State Zip

Phone: ( ) E-mail: \_\_\_\_\_

Length of paralegal employment:  Less than 1 year  1 - 3 years  3 - 5 years  5 - 10 years  10+ years

Practice Areas (this will help us determine CLE opportunities of interest to our members):

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Bankruptcy/Collections/Foreclosure | <input type="checkbox"/> General Practice     | <input type="checkbox"/> Real Estate (Residential and/or Commercial) |
| <input type="checkbox"/> Civil and/or Criminal Litigation   | <input type="checkbox"/> Insurance Defense    | <input type="checkbox"/> Social Security/Disability                  |
| <input type="checkbox"/> Elder Law                          | <input type="checkbox"/> Malpractice          | <input type="checkbox"/> Title Insurance                             |
| <input type="checkbox"/> Estates/Trusts/Wills/Probate       | <input type="checkbox"/> Negligence/Liability | <input type="checkbox"/> Workers' Compensation                       |
| <input type="checkbox"/> Family Law/Matrimonial             | <input type="checkbox"/> Personal Injury      | <input type="checkbox"/> Other: _____                                |

### TELL US ABOUT YOUR EDUCATION/PROFESSIONAL CERTIFICATION

(please check all that apply)

- |  |  |  |  |
|--|--|--|--|
| <input type="checkbox"/> High School           | <input type="checkbox"/> AA/AS Paralegal | <input type="checkbox"/> BA/BS Paralegal | <input type="checkbox"/> PACE Registered Paralegal           |
| <input type="checkbox"/> Paralegal Certificate | <input type="checkbox"/> AA/AS Other     | <input type="checkbox"/> BA/BS Other     | <input type="checkbox"/> Certified Legal Assistant/Paralegal |

Are you currently enrolled as a student:  Yes: \_\_\_\_\_  No  
(name of school)

### VOTING CLASSIFICATION

Are you currently employed as a paralegal:  Yes (you must apply as a voting member below)  No

- VOTING MEMBER** (\$55.00) – Any person who is a practicing paralegal/legal assistant at the time of application for membership may become a voting member. A practicing paralegal/legal assistant may be employed or retained by a lawyer, law firm, corporation, agency, clinic, governmental agency, court or other entity. A freelance paralegal will be required to submit written verification from a supervising attorney that they have performed substantive legal work in the past 90 days.
- AFFILIATE NON-VOTING MEMBER** (\$40.00) – Any person who has practiced as a paralegal/legal assistant or who has completed a formal course of study, but who is not so employed at the time of application for membership and any voting member who is not practicing as a paralegal/legal assistant at the time of the annual renewal of such voting member's membership may become an affiliate member.
- STUDENT NON-VOTING MEMBER** (\$35.00) – Any person who is enrolled in a formal paralegal course may become a student member.
- SUSTAINING NON-VOTING MEMBER** (\$150.00) – Any person, partnership, organization or other entity interested in supporting the association may become a sustaining member.

**\*\* YOU MUST COMPLETE AND SIGN THE NEXT PAGE \*\***

**PLEASE CONSIDER VOLUNTEERING FOR ONE OF CDDA'S COMMITTEES**

- |   |                                     |   |
|---|-------------------------------------|---|
| <input type="checkbox"/> Continuing Education | <input type="checkbox"/> Membership | <input type="checkbox"/> Professional Development |
| <input type="checkbox"/> ESAPA / NFPA         | <input type="checkbox"/> Newsletter | <input type="checkbox"/> Sponsorship              |
| <input type="checkbox"/> Events/Publicity     | <input type="checkbox"/> Pro Bono   | <input type="checkbox"/> Student Affairs          |

**ADDITIONAL INFORMATION REQUIRED**

Please list the e-mail address at which you would like to receive CDDA e-mails via our member listserv and the CDDA eNewsletter, *Para-News*: \_\_\_\_\_

Please identify the address at which you would like to receive written communications from CDDA:       Home       Work

**CERTIFICATION, CONSENTS, AND SIGNATURE**

*The information provided herein is true to the best of my knowledge. I hereby agree to abide by the New York State Code of Ethics and Professional Responsibility, the NFPA Code of Ethics\* and any other code adopted by the Association.*

*CDDA maintains a Membership Directory and Desk Reference Guide that is accessible to the members of CDDA and CDDA sponsors and advertisers. As part of the Membership Directory and Desk Reference Guide, contact information for each member will be listed (although no personal contact information will be provided, i.e. home address, phone number, etc.). By signing this application, you agree to have this information included in the Membership Directory and Desk Reference Guide. If you do not want your contact information put into the Membership Directory and Desk Reference Guide, you must check the box below this statement. If you do check this box, the only information for you that will be placed in the Membership Directory and Desk Reference Guide will be your name.*

*I do not want my information included in the CDDA Member Directory and Desk Reference Guide*

*By becoming a CDDA member, you also become a member of the National Federation of Paralegal Associations (NFPA). One of the benefits of NFPA membership is a subscription to their publication, Paralegal Reporter. NFPA may release their mailing list to outside vendors in order to keep the cost of membership reasonable. If you do not wish your name released to outside vendors, please indicate by checking the box below.*

*I do not want NFPA to release my name and address to outside vendors*

**➔ SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

Please submit this application, along with a check or money order for the appropriate dues made payable to the **Capital District Paralegal Association, Inc.**, to:

Capital District Paralegal Association, Inc.  
PO Box 12562  
Albany, NY 12212-2562

***CAPITAL DISTRICT PARALEGAL ASSOCIATION, INC.***

Membership qualifications shall not exclude or discriminate because of race, color, religion, sex or national origin, age, physical handicaps, or sexual orientation. However, any person who is incarcerated at the time of application or who has been disbarred from the practice of law is not eligible for membership.

***CODE OF PROFESSIONAL RESPONSIBILITY***

- A paralegal shall demonstrate initiative in performing and expanding the paralegal role in the delivery of legal services.
- A paralegal shall maintain the highest standards of ethical conduct.
- A paralegal shall maintain a high level of competence and shall contribute to the integrity of the paralegal profession.
- A paralegal shall preserve client confidences and privileged communications.
- A paralegal shall serve the public interest by contributing to the availability and delivery of quality legal services.
- A paralegal shall aspire to perform *pro bono* legal services for the benefit of those with limited means who are denied access to the legal system

\* The NFPA Code of Ethics may be reviewed at

[http://www.paralegals.org/associations/2270/files/Model\\_Code\\_of\\_Ethics\\_09\\_06.pdf](http://www.paralegals.org/associations/2270/files/Model_Code_of_Ethics_09_06.pdf)