



PO Box 12562
Albany, NY 12212-2562

Capital District Paralegal Association, Inc.
THE PARALEGAL'S PROFESSIONAL RESOURCE

Member of the National Federation of Paralegal Associations, Inc.

www.cdpa.info

Membership Application

(please print clearly)

1. PERSONAL INFORMATION

Name: _____

Address: _____
Street 1 / Street 2 City State Zip

Phone: () E-mail: _____

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

2. WORK EXPERIENCE

Employer: _____

Address: _____
Street 1 / Street 2 City State Zip

Phone: () E-mail: _____

Are you currently employed as a paralegal: Yes (you must apply as a voting member in Section 4) No

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

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: _____ |

3. EDUCATION/PROFESSIONAL CERTIFICATION

- | | | | |
|--|--|--|--|
| <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)

4. VOTING CLASSIFICATION

- 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 non-voting member.

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

5. COMMITTEE INTERESTS (CHECK ALL THAT APPLY)

- | | | |
|---|-------------------------------------|---|
| <input type="checkbox"/> Continuing Legal 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 |

6. LISTSERV AND CORRESPONDENCE CONTACT INFORMATION (CDPA will use work addresses if none are specified below)

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

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

7. PRIVACY STATEMENT

CDPA collects non-public personal information from its members on its membership application, such as name, address, telephone number, email address and employer. This information is required in order to provide members with CDPA and NFPA benefits and information. Except for these purposes, CDPA does not disclose non-public personal information collected about its members to any third party, without the prior consent of the members.

8. CONSENTS, CERTIFICATION AND SIGNATURE


As a CDPA member, you are also 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

CDPA maintains a Membership Directory and Reference Guide that is accessible to members of CDPA and CDPA sponsors and advertisers. The Membership Directory and Reference Guide list contact information for each member (although no personal contact information is listed, i.e. home address, phone number, etc.). By signing this application, you agree to have this information included in the Membership Directory and Reference Guide. If you do not want your contact information included in the Membership Directory and Reference Guide, you must check the box below this statement.

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

By signing below, I attest that the information provided herein is true to the best of my knowledge. I hereby agree to abide by the New York Lawyer's Code of Professional Responsibility (full text available at: <http://www.law.cornell.edu/ethics/ny/code/>), the NFPA Code of Ethics* and any other code adopted by the Association.

 SIGNATURE: _____ DATE: _____
Membership expires 12 months from this date.

Submit this application, with a check or money order made payable to the Capital District Paralegal Association, Inc. for the appropriate dues, 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