

**Fresno Paralegal Association (FPA)**

1300 E. Shaw Ave., Ste. 125

Fresno, CA 93710

www.fresnoparalegal.org

**MEMBERSHIP APPLICATION**

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

Work Address: \_\_\_\_\_ Work Phone: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_ Fax Number: \_\_\_\_\_  
(Notification of FPA business will be sent to your e-mail address.)

Home Address: \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_ Home Phone: \_\_\_\_\_

Primary Type/Areas of Practice: \_\_\_\_\_

**Check type of membership desired and submit check for appropriate dues with this form to address that appears on the top of this page.**

**\$45 Voting Membership** [for persons employed as a paralegal as defined in California Business & Professions Code, Section 6450, working under the supervision of an attorney. At least 50% of work responsibilities must be as a paralegal.]

**\$40 Associate Membership** [for persons who do not qualify as a voting member, such as legal document preparers or unlawful detainer assistants]

**\$5 Student Membership** [for persons currently enrolled in a paralegal program. Please state the name of the paralegal program/school which you attend \_\_\_\_\_.]

**\$100 Sustaining Membership** [any person, business, school, or other entity interested in supporting and sponsoring the goals of FPA]

**Check all FPA committees on which you would be willing to serve or assist for 1 year.**

Education/Programs     Membership     Newsletter     Job Bank     Web Site

Advertising     Fresno County Bar Liaison     Student Liaison     Service Projects

Other (your special interests) \_\_\_\_\_

**STATEMENT OF APPLICANT**

I agree to be bound by the Code of Ethics and Responsibility of the National Association of Legal Assistants and by FPA's Guidelines of Professional Responsibilities. (*Circle appropriate statement*) I am or I am not a paralegal as defined by California Business & Professions Code Section 6450.

Date: \_\_\_\_\_ Signed: \_\_\_\_\_

**(Paralegals only)** Be advised that under California law, all paralegals must attend continuing education courses as specified in Business & Professions Code, Section 6450(d). I certify that I am in compliance with the requirements of Business & Professions Code, Section 6450(d).

Date: \_\_\_\_\_ Signed: \_\_\_\_\_

**Official Use Only**

Payment method:    Cash    Amount \$ \_\_\_\_\_  
                          Check    Amount \$ \_\_\_\_\_    No. \_\_\_\_\_    Issuer \_\_\_\_\_  
                          Other    Amount \$ \_\_\_\_\_