



Louisiana State Paralegal Association, Inc.
An Affiliate of the National Association of Legal Assistants, Inc.

APPLICATION FOR MEMBERSHIP

Visit LSPA's website at www.la-paralegals.org

Applying for: *See explanation of Membership Classification* below. All members are bound by the Code of Ethics of LSPA and by the NALA Code of Ethics and Professional Responsibility.*

- New Membership Renewal, Same Classification Renewal, Classification Change

Applying for: (PLEASE INDICATE CLASSIFICATION EVEN IF APPLYING FOR RENEWAL):

- Voting Membership - \$40.00
 Associate/Student Membership - \$25.00
 Sustaining Membership - \$50.00

DUES MUST ACCOMPANY APPLICATION

- Check enclosed. Make checks payable to Louisiana State Paralegal Association.

Article 5.3 of the By-Laws of the Louisiana State Paralegal Association provides for annual dues to be paid on or before October 1st each year. Any member in default is to receive a second notice and *if payment is not received by December 1st of the current year, they will be deleted from the membership roster.*

Full Name

Name if Different in Prior Membership

Residence Address (Street/Apt./P. O. Box) Check here if this is a new address.

City _____ State _____ Zip _____

Parish _____

E-Mail Address (Personal) _____

Home Phone # _____

Employer _____

Immediate Supervisor _____

Office Address (Street, P. O. Box)

City _____ State _____ Zip _____

Parish _____

Office Phone # _____

Office Fax # _____

E-Mail Address (Office) _____

I prefer to receive LSPA mail at my (check one): _____ Personal Address

_____ Office Address

I prefer to receive LSPA email at my (check one): _____ Personal Email Address

_____ Office Email Address

EDUCATION

High School/City, State:

College/City, State:

Highest Degree Attained: _____

Paralegal School/Program: _____

My area of paralegal work is:

- Administrative Bankruptcy Collections Corporate
 Criminal Family Litigation Probate
 Real Estate Tax Other (specify: _____)

Current professional or business organization memberships:

Check the most appropriate description of your employer(s):

- Corporate Law Department Government Legal Agency Judicial Agency; Court
 Private Law Office Non-Profit Corporation Law Dept.
 Other: _____

In my agency/department/firm, there are: Number of Attorneys _____ Number of Paralegals _____

Committee Assignments

I would be willing to serve on the following committees (check number that apply and indicate your preference by noting your first choice as #1, second choice as #2, etc.). You *WILL* be assigned to one of the committees of your choice.

- Awards # _____ Continuing Legal Education # _____ Finance and Budget # _____
 Credentials # _____ Job Bank # _____ Historian/Scrapbook # _____
 Lobbying # _____ LCP7 Review Course # _____ Membership # _____
 Newsletter # _____ Professional Development # _____ Program # _____
 Publications # _____ Scholarship # _____ Marketing # _____

Speakers Bureau # _____ Advertising # _____ Long Range Planning # _____

Technology # _____ Compensation/Utilization Survey # _____

Paralegal Certificate? Yes No Date Attained: _____

Name of School/Program: _____

CLA/CP Yes No Date Attained: _____

CLAS/ACP Yes No Date Attained: _____

Area of Specialty: _____

LCP Yes No Date Attained: _____

All members please respond: Are you a practicing paralegal? Yes No

If yes, how long: _____

Have you ever pled guilty, no contest, and/or have been convicted of a felony,
and whether or not it has been expunged. Yes No

If "Yes" - briefly explain: _____

I hereby attest the information supplied by me is true and correct.

Signed: _____ Date: _____

LSPA MEMBER SINCE _____

IF YOU ARE A RENEWING MEMBER, STOP HERE

NEW MEMBERS ONLY:

Name of the LSPA member who recruited you: _____

MEMBERSHIP CLASSIFICATIONS* If you are applying for a voting membership or requesting a change of classification on the basis of sections A(3), (4) or (5) of the membership qualifications, please complete the Attorney/Employer Attestation.

A. VOTING MEMBER: Any individual who meets at least one of the following requirements may become a voting member. Please mark the classification that applies to your education and/or experience:

- 1. Any individual who has graduated from an ABA approved program of study for legal assistants;
- 2. Any individual who has graduated from a course of study for legal assistants which is institutionally accredited but not ABA approved, and which requires not less than the equivalent of 60 semester hours of classroom study;
- 3. Any individual who has graduated from a course of study for legal assistants other than those set forth in (1) and (2) above, who also has at least one year of experience as a legal assistant under the supervision of a licensed attorney who attests such person is qualified as a legal assistant;
- 4. Any individual who has attained a Bachelor=s Degree in any field and has at least one year of experience as a legal assistant under the supervision of a licensed attorney who attests such person is qualified as a legal assistant;
- 5. Any individual who has at least three years of experience as a legal assistant under the supervision of a licensed attorney who attests such person is qualified as a legal assistant;
- 6. Any individual who has successfully completed the Certified Legal Assistant (CLA) exam administered by the National Association of Legal Assistants.

A VOTING MEMBER shall be entitled to one vote on all matters which require vote of the members of the Association and shall have the right to make motions and hold office subject to the further requirements set forth under Art. VII, ' 1 of the Bylaws of the Louisiana State Paralegal Association.

B. ASSOCIATE/STUDENT MEMBER:

- 1. A student in good standing in any approved university, college, junior college or other approved school for pursuing a course of studies as a paralegal; provided that all such schools and curricula shall be subject to the approval of this Association;
- 2. Any working paralegal who does not meet the qualifications for voting membership.

C. SUSTAINING MEMBER:

- 1. Any individual, corporation, partnership, organization or other entity interested in supporting this Association, or those members of bar associations who endorse the paralegal concept or who are involved in the promotion of the paralegal profession.

ASSOCIATE/STUDENT and SUSTAINING MEMBERS shall not be entitled to vote on matters which require vote of the members of the Association and shall not have the right to make motions, hold office or serve on the Board of Directors or the Executive Committee.

NOTICE: An application for any class of membership shall be rejected if the applicant has pled guilty to or been convicted of a felony. Article V, Section 5.7, LSPA By-Laws.

Have you ever pled guilty to or been convicted of a felony? Yes No

ATTORNEY / EMPLOYER ATTESTATION

Date: _____

I hereby attest that _____ is recognized as a legal assistant/paralegal and that s/he, under the supervision and direction of a lawyer, is capable of the following services generally described by the ABA=s Standing Committee on Legal Assistants:

- X Applying knowledge of the law and legal procedure in drafting legal documents and other papers in certain fields of law;
- X Exercising judgment and working independently with respect to assigned tasks; keeping and meeting deadlines;
- X Preparing or interpreting legal documents for review by lawyer
- X Selecting, compiling and using technical information from such references as digests, encyclopedias or practice manuals;
- X Analyzing procedural problems and recommending solutions in certain fields of the law;
- X Preparing detailed office procedures for efficient handling in specialized field(s) of the law;

I further attest that applicant has been employed by me as a legal assistant/paralegal for _____ years/months; that applicant=s ethical and professional conduct are above reproach; and that he/she is recommended for membership in the Louisiana State Paralegal Association.

Firm/Employer: _____

Name: _____

(Signature of Attorney/Employer)

PLEASE RETURN APPLICATION FOR MEMBERSHIP TO:

DEBBIE C. BILLIOT

LSPA First Vice President / Membership Chair

1058 MELVIN DUPUIS ROAD

BREAUX BRIDGE, LA 70517

QUESTIONS? Cell #337-254-1363