



Louisiana State Paralegal Association, Inc.

An affiliate of the National Association of Legal Assistants, Inc.

APPLICATION FOR MEMBERSHIP

LSPA NEW MEMBERSHIP TERM BEGINS MAY 1, 2019 and ENDS APRIL 30, 2020

Visit LSPA's web site at www.la-paralegals.org

Applying for: New Membership** Renewal, Same Classification Renewal, Classification Change
LSPA Member Since _____

All members are bound by the Code of Ethics of LSPA and by NALA Code of Ethics and Professional Responsibility.
Applying for: (Please check one). (See explanation of Membership Classification on page 3)

Voting Membership - \$50.00 Associate/Student Membership - \$35.00 Sustaining Membership - \$60.00

DUES MUST ACCOMPANY APPLICATION. Make checks payable to **LSPA** or **Louisiana State Paralegal Association.**

Amended Article 5.3 of the By-Laws of the Louisiana State Paralegal Association provides for annual dues to be paid on or before May 1st each year. Any member in default as of May 31st of the current year will be deleted from the membership roster.

Full Name _____

Name if Different in Prior Membership _____

Residence Address (Street/Apt./P. O. Box) _____

City _____ State _____ Zip _____ Parish _____

Home Phone # _____ Cell Phone # _____ E-Mail Address _____

Check here if this is a new address.

Employer _____ Immediate Supervisor _____

Office Address (Street, P. O. Box) _____

City _____ State _____ Zip _____ Parish _____

Office Phone # _____ Office Fax # _____ Office email: _____

All members please respond: Are you a practicing paralegal? Yes No If yes, how long: _____

I prefer to receive LSPA mailings at my (check one): Residence Address Office Address

I prefer to receive LSPA emails at my: Personal e-mail Office e-mail

EDUCATION

High School/City, State: _____

College/City, State: _____

Highest Degree Attained: _____

Paralegal School/Program: _____

Paralegal Certificate? Yes No Date Attained: _____

CLA/CP Yes No Date Attained: _____

CLAS/ACP Yes No Area of Specialty _____ Date Attained: _____

LCP Yes No Date Attained: _____

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.

- | | | |
|---|--|---|
| <input type="checkbox"/> Awards # __ | <input type="checkbox"/> Continuing Legal Education # __ | <input type="checkbox"/> Technology # __ |
| <input type="checkbox"/> Credentials # __ | <input type="checkbox"/> Job Bank # __ | <input type="checkbox"/> Historian/Scrapbook # __ |
| <input type="checkbox"/> Lobbying # __ | <input type="checkbox"/> LCP® Review Course # __ | <input type="checkbox"/> Membership # __ |
| <input type="checkbox"/> Newsletter # __ | <input type="checkbox"/> Program # __ | <input type="checkbox"/> Media Relations # __ |
| <input type="checkbox"/> Publications # __ | <input type="checkbox"/> Scholarship # __ | <input type="checkbox"/> Marketing # __ |
| <input type="checkbox"/> Advertising # __ | <input type="checkbox"/> Promotions # __ | <input type="checkbox"/> Speakers Bureau # __ |
| <input type="checkbox"/> Finance and Budget # __ | <input type="checkbox"/> Professional Development # __ | <input type="checkbox"/> Long Range Planning # __ |
| <input type="checkbox"/> Compensation/Utilization Survey # __ (only active every 3 years) | | |

Have you ever pled guilty, no contest, and/or been convicted of a felony (whether or not expunged). Yes No
If yes, briefly explain: _____

I HEREBY ATTEST THE INFORMATION SUPPLIED BY ME IS TRUE AND CORRECT.

SIGNED: _____ **DATE:** _____

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.

ATTORNEY / EMPLOYER ATTESTATION

I hereby attest that _____ is recognized as a legal assistant/paralegal and that he/she, 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:

- Applying knowledge of the law and legal procedure in drafting legal documents and other papers in certain fields of law;
- Exercising judgment and working independently with respect to assigned tasks; keeping and meeting deadlines;
- Preparing or interpreting legal documents for review by lawyer
- Selecting, compiling and using technical information from such references as digests, encyclopedias or practice manuals;
- Analyzing procedural problems and recommending solutions in certain fields of the law;
- 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 Name: _____

(Signature of Attorney/Employer)

Date: _____

PLEASE RETURN MEMBERSHIP APPLICATION TO:

**Louisiana State Paralegal Association
Attn: LSPA First Vice President/Membership Chair
P. O. Box 51690
Lafayette, LA 70505**

QUESTIONS: Please contact LSPA First Vice President and Membership Chair, via email at membership@la-paralegals.org