



## 2020 MEMBERSHIP APPLICATION/RENEWAL

*CIPA is an Affiliate of the National Association of Legal Assistants, Inc.*

### APPLICANT

Name:		Birthdate (Month & Day only):	
Phone:	Fax:	E-mail:	
Address:			
City:	State:	ZIP Code:	
<input type="radio"/> ACTIVE \$50 <input type="radio"/> STUDENT \$35 <input type="radio"/> SUSTAINING \$40 <input type="radio"/> ASSOCIATE \$40			

### EMPLOYMENT

☐ Check if you wish to receive mail at this address

Employer:		
Address:		How long?
Phone:	E-mail:	Fax:
City:	State:	ZIP Code:
Position:		

### EDUCATION/EXPERIENCE

College/University Name:		
City:	State:	Graduation Date:
Degree:	Certificate:	<input type="checkbox"/> Part Time <input type="checkbox"/> Full Time (still attending)
How long have you been a Paralegal:    ___ yrs    ___ mo		Are you:    CLA    CP    ACP    (please circle one)

### COMMITTEE PARTICIPATION

Please place each committee according to your preference 1-5:    (1 being the most interested)				
Website:	Seminar:	Membership:	Newsletter:	Scholarship:

### COMPLETE IF ASSOCIATE MEMBERSHIP DESIRED

Attorney:	Educator:
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### PAYMENT INFORMATION

Please contact CIPA Membership Committee by the email provided above if you have a question about your membership classification.	
_____ Check # _____ enclosed with application.	
_____ Credit Card (To Submit payment online via a secured site, click the "PayPal" logo at the bottom of our homepage at <a href="http://www.ciparalegal.org">www.ciparalegal.org</a> )	

Mail completed application to:

**Central Illinois Paralegal Association**  
**Attn: Membership Committee**  
**P.O. Box 770**  
**Bloomington, IL 61702**

<b>SIGNATURE</b> <i>(To be completed by applicant with no formal training for paralegal/legal assistant)</i>	
<b>Attorney-Employer Attestation</b>  I hereby attest that _____ is employed by me and is recognized as a paralegal/legal assistant. He/she, under the supervision of a lawyer, is capable of the following services:  Applying knowledge of the law and legal procedure by drafting legal documents and researching certain areas of the law.  Preparing or editing legal documents for review by lawyers.  Selecting, compiling, and using legal material from such references as digests, treatises, or practice manuals.  The applicant has been employed by me as a paralegal/legal assistant for six (6) months or longer. The applicant's ethical and professional conduct are above reproach, and he/she is recommended for membership in the Central Illinois Paralegal Association.	
Signature of Attorney-Employer: _____	Date: _____

### **MEMBERSHIP SUMS ARE DUE DECEMBER 31<sup>ST</sup> FOR THE UPCOMING CALENDAR YEAR**

PRORATED DUES SCHEDULE (for new active members in 2020 only):

<u>Amount</u>	<u>Paid in Month</u>
\$50.00	January, February, March
\$40.00	April, May, June
\$30.00	July, August, September
\$20.00	October, November, December

At times, we may desire to publish your image and/or name in our Newsletter or on our website. Please read the following and sign indicating your preference. Please do not hesitate to contact any officer with questions or concerns.

**I hereby grant the Central Illinois Paralegal Association ("CIPA") permission to use, reproduce, and publish my name, photograph or video image by incorporating them into the CIPA website or newsletter for informational or educational purposes.**

Name: \_\_\_\_\_ Signature: \_\_\_\_\_  
 Date: \_\_\_\_\_

**No, please do not publish my name, photograph, or video image on the CIPA website or in the Newsletter.**

Name: \_\_\_\_\_ Signature: \_\_\_\_\_  
 Date: \_\_\_\_\_