

Indiana Paralegal Association, Inc.

P.O. Box 441342
Indianapolis, Indiana 46244
317.686.3141
www.indianaparalegals.org
info@indianaparalegals.org

2017-2018 MEMBERSHIP APPLICATION

July 1, 2017 - June 30, 2018

New ___ Renewal ___

Please print or type information neatly

Name: _____ Date: _____

PACE Registered Paralegal (RP)

Indiana Registered Paralegal (IRP)

CORE Registered Paralegal (CRP)

Other _____

Employer (Voting & Associate Only): _____

Business Address: _____ Phone: (____) _____

City/State/Zip: _____

E-mail (required)*: _____ Fax: (____) _____

Home Address: _____ Phone: (____) _____

City/State/Zip: _____

*By providing your e-mail address, you will be entitled to receive certain member notifications via e-mail.

Years Employed as Paralegal: _____

Send Mail To: Office Home

MEMBERSHIP STATUS

At the Time of Application or Renewal

Definition: A paralegal is a person qualified through education, training or work experience to perform substantive legal work that requires knowledge of legal concepts and is customarily, but not exclusively, performed by a lawyer.

Voting Member: New \$95.00 _____
 Renewal \$85.00 _____

Any person currently employed in Indiana whose job classification shall be paralegal, legal assistant, or any equivalent term, who performs paralegal duties at least 70% of the time while at work.

If applying as a Voting Member, please provide the name, address and telephone number of a reference for purposes of verifying employment as a paralegal: _____

Associate Member: \$75.00 _____

(1) a person who has been employed as a paralegal or who has completed a formal course of study, upon completion of which will be qualified for a position as a paralegal, but who is not employed as a paralegal within the State of Indiana at the time of applying for membership, or (2) a person who is employed as a paralegal outside the State of Indiana, or (3) a person whose primary responsibilities and job classifications are other than those set forth for a Voting Member, but who performs paralegal duties on a limited basis. **Please circle the category under which you are applying: 1 – 2 – 3. Please provide a reference or documentation of completion of formal course of study – degree and transcript**

Student Member: \$45.00 _____ A person who is enrolled in a formal course of study, upon completion of which will be qualified for a position as a paralegal.
School: _____

Sustaining Member: \$155.00 _____ Any person, partnership, association or other entity interested in supporting the Association

SPECIALTY AREAS

Please Check No More Than 3 Boxes

- | | | |
|---|--|--|
| <input type="checkbox"/> Appellate | <input type="checkbox"/> General | <input type="checkbox"/> Municipal Law |
| <input type="checkbox"/> Banking Law | <input type="checkbox"/> Government Law | <input type="checkbox"/> Non-Traditional |
| <input type="checkbox"/> Bankruptcy Law | <input type="checkbox"/> Health Law | <input type="checkbox"/> Patent Law |
| <input type="checkbox"/> Bonds | <input type="checkbox"/> Higher Education | <input type="checkbox"/> Probate/Tax |
| <input type="checkbox"/> Commercial Law | <input type="checkbox"/> Immigration Law | <input type="checkbox"/> Public Utility Law |
| <input type="checkbox"/> Construction | <input type="checkbox"/> Insurance | <input type="checkbox"/> Real Estate Law |
| <input type="checkbox"/> Corporate Law | <input type="checkbox"/> Intellectual Property Law | <input type="checkbox"/> Securities |
| <input type="checkbox"/> Creditor's Rights | <input type="checkbox"/> Legislative | <input type="checkbox"/> Social Security Disability |
| <input type="checkbox"/> Criminal Law | <input type="checkbox"/> Litigation | <input type="checkbox"/> Tax Law |
| <input type="checkbox"/> Elder Law | ___ Asbestos ___ Defense | <input type="checkbox"/> Telecommunications |
| <input type="checkbox"/> Employee Benefits | ___ Civil ___ Insurance | <input type="checkbox"/> Trademark Law |
| <input type="checkbox"/> Employment & Labor Law | ___ Class Action ___ Pers. Injury | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Environmental Law | ___ Collections ___ Plaintiff | <input type="checkbox"/> Veterans Administrative Law |
| <input type="checkbox"/> Estate Planning | ___ Construction ___ Product Liab. | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Family Law | <input type="checkbox"/> Medical Malpractice | |

COMMITTEE OPPORTUNITIES

Indicate your interest - Please Check No More Than 3 Boxes

- | | | |
|--|---|--|
| <input type="checkbox"/> Alliance | <input type="checkbox"/> Litigation | <input type="checkbox"/> Probate/Tax |
| <input type="checkbox"/> Continuing Legal Education | <input type="checkbox"/> Marketing and Public Relations | <input type="checkbox"/> Real Estate |
| <input type="checkbox"/> Credentialing (PACE®/PCCE™) | <input type="checkbox"/> Membership | <input type="checkbox"/> Regulation |
| <input type="checkbox"/> Education / Student | <input type="checkbox"/> Monthly Meetings | <input type="checkbox"/> Salary Survey |
| <input type="checkbox"/> Elections | <input type="checkbox"/> Newsletter | <input type="checkbox"/> Technology |
| <input type="checkbox"/> Ethics | <input type="checkbox"/> Non-Traditional Paralegal | <input type="checkbox"/> ___ IPA Technology Blog |
| <input type="checkbox"/> Fundraising | <input type="checkbox"/> NFPA | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Job Bank | <input type="checkbox"/> Parliamentarian | |
| <input type="checkbox"/> Legislative | <input type="checkbox"/> Pro Bono | |

I would like more information about the Paralegal Advanced Competency Exam (PACE®)

I would like more information about the Paralegal Core Competency Exam (PCCE™)

CERTIFICATION

I hereby certify that I have read and understand the classes of membership described on this form and that I meet the criteria for the membership status for which I am applying or renewing.

I hereby affirm that I have not been convicted of a felony, that I am not a disbarred or suspended attorney, and that I have not been found to have engaged in the unauthorized practice of law. Further, I understand that once approved as a member of IPA, I am subject to all of the provisions contained in IPA's Code of Ethics and Professional Responsibility.

I hereby acknowledge that the information contained on this Application for Membership to IPA is true and accurate.

Signature _____

Date _____

IPA is a Member Association of the National Federation of Paralegal Associations, Inc. ("NFPA").
By joining IPA, you also become a member of NFPA. \$25.00 of your dues is forwarded to NFPA, \$4.00 of which pays
for your annual subscription to the *National Paralegal Reporter*.
Membership cards and information will be sent within 4-6 weeks of receipt of application.

NOTE: Annual dues are for 2017-2018 and are **non-refundable**. Dues payments may be deductible by members as an ordinary and necessary business expense, but are not deductible as charitable contributions for federal income tax purposes.

**Make check payable to: Indiana Paralegal Association, Inc.
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