**L**EGAL **A**SSISTANTS/**P**ARALEGALS OF **S**OUTHERN **W**EST **V**IRGINIA   
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**REGISTRATION**

Name: CP ACP

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

Preferred Address:

City, State, Zip:

Telephone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Email Address (REQUIRED):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**LAPSWV MEMBER: $20**

**NON-MEMBER: $25**

TOTAL PAYMENT: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_