



**LEGAL ASSISTANTS/PARALEGALS OF SOUTHERN WEST VIRGINIA**

*An Affiliate of the National Association of Legal Assistants, Inc.*

P. O. Box 11488

Charleston, WV 25339

www.lapswv.org

**MEMBERSHIP APPLICATION**

*Fiscal Year July 1 – June 30*

**To be completed by New or Lapsed applicants**

I, \_\_\_\_\_, hereby apply for membership in the Legal Assistants/Paralegals of Southern West Virginia (LAPSWV) in the following category:

- Active
- Provisional
- Student
- Sustaining

I agree to be bound by the National Association of Legal Assistants, Inc. (NALA) Code of Ethics and Professional Responsibility and the Bylaws of the Legal Assistants/Paralegals of Southern West Virginia. I further attest that I have not been convicted of a felony or been charged or reprimanded for any violation of the Code of Professional Responsibility of any state.

I understand that this application is subject to approval by the Legal Assistants/Paralegals of Southern West Virginia.

Date \_\_\_\_\_ Signature \_\_\_\_\_

**Referral Information**

*How did you become acquainted with LAPSWV?*

Referred by a LAPSWV Member? \_\_\_\_\_ If so, who? \_\_\_\_\_

Attended a Lunch and Learn as a guest? \_\_\_\_\_ If so, which one? \_\_\_\_\_

What do you hope to achieve by becoming a member of LAPSWV? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\*\*If you do not wish your personal information to be disclosed to a third party, please initial here. \_\_\_\_\_

**QUALIFICATIONS FOR MEMBERSHIP**  
**Legal Assistants/Paralegals of Southern West Virginia**

**ACTIVE MEMBERSHIP (VOTING) – ANNUAL DUES \$40\***

Active Membership is open to an individual who meets at least one of the following requirements:

1. Any individual who has successfully completed the Certified Legal Assistant (CLA) Examination of the National Association of Legal Assistants, or
2. Any individual who has graduated from an American Bar Association (ABA) approved program of study for legal assistants/paralegals, or
3. Any individual who has graduated from a course of study for legal assistants/paralegals that is institutionally accredited but not ABA approved, and that requires not less than the equivalent of 60 semester hours of classroom study, or
4. Any individual who has graduated from a course of study for legal assistants/paralegals other than those set forth in 2 and 3 above, plus not less than six months of in-house training as a legal assistant/paralegal whose attorney-employer attests that such person is qualified as a legal assistant/paralegal, or
5. Any individual who has received a baccalaureate degree in any field, plus not less than six months in-house training as a legal assistant/paralegal whose attorney-employer attests that such person is qualified as a legal assistant/paralegal, or
6. Any individual who has a minimum of three years of law-related experience under the supervision of an attorney, including at least six months of in-house training as a legal assistant/paralegal whose attorney-employer attests that such person is qualified as a legal assistant/paralegal, or
7. Any individual who has a minimum of two years of in-house training as a legal assistant/paralegal whose attorney-employer attests that such person is qualified as a legal assistant/paralegal.

*\*In accordance with the bylaw amendment to Article VII. Membership Fees, as adopted by LAPSWV at its 6<sup>th</sup> annual business meeting on June 4, 2010, and effective July 1, 2010, \$10 of the annual dues of all active members shall be dedicated to the LAPSWV Scholarship Program.*

**PROVISIONAL MEMBERSHIP (NON-VOTING) – ANNUAL DUES \$30.00**

Provisional Membership is open to those individuals who do not meet the requirements for active or student membership, but are employed as a paralegal/legal assistant, whose attorney-employer attests that such individual is qualified as a paralegal/legal assistant. Provisional members will automatically become active members upon completion of two (2) years of provisional membership.

**STUDENT MEMBERSHIP (NON-VOTING) – ANNUAL DUES \$20.00**

Student membership is open to individuals who are full-time students in good standing in any college, junior college, or other school pursuing a course of study as a legal assistant/paralegal.

A full-time student shall be defined as one enrolled for minimum of 12 semester hours or equivalent or who is taking all legal assistant/paralegal courses as the scheduled permits, provided the individual is not employed as a legal assistant/paralegal.

**SUSTAINING MEMBERSHIP (NON-VOTING) – ANNUAL DUES \$50.00**

Sustaining Membership is open to those who meet at least one of the following qualifications:

1. Those members of bar associations endorsing the legal assistant/paralegal concept or are involved in the promotion of the legal assistant/paralegal profession, or
2. Those members of the educational field endorsing the legal assistant/paralegal concept or are involved in the promotion of the legal assistant/paralegal profession, or
3. Those persons directly involved in the supervision of legal assistants/paralegals, or
4. Those persons and/or organizations not listed above who promote and encourage the use of legal assistants/paralegals in the legal profession, including, but not limited to, individuals, vendors, non-profit organizations, corporations, etc.

**ACTIVE MEMBERSHIP APPLICATION – (VOTING)**

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-mail Address (**REQUIRED**) \_\_\_\_\_

Date of Birth (Month and Day only): \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Are you a Certified Legal Assistant/Paralegal (CLA) (CP) (ACP)? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, date certified: \_\_\_\_\_

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

Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Office Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Direct Mail to: \_\_\_\_\_ Home Address \_\_\_\_\_ Business Address

How long have you been employed as a legal assistant/paralegal? \_\_\_\_\_

Total Years of legal experience: \_\_\_\_\_

Please list names of employers and date(s) of employment for the past three years:  
(attach additional page(s) if necessary)

Name: \_\_\_\_\_ Dates: \_\_\_\_\_

Name: \_\_\_\_\_ Dates: \_\_\_\_\_

Name: \_\_\_\_\_ Dates: \_\_\_\_\_

Please list any formal or special education (Name and address of school) or training for present position:

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Please list your primary area of practice: \_\_\_\_\_

Circle the qualification number for active membership for which you are applying:

1 2 3 4 5 6 7 (See Section entitled, "Qualifications for Membership")

**Please attach a copy of a diploma if you are applying for membership under Qualification Numbers 2 through 5.**

**ATTORNEY/EMPLOYER ATTESTATION**

*This section must be completed by all applicants if you are applying under Qualification Numbers 4, 5, 6, & 7 – See Section entitled, "Qualifications for Membership"*

I hereby attest that \_\_\_\_\_ is employed by me and meets the qualifications for active membership in the Legal Assistants/Paralegals of Southern West Virginia, as listed in Qualification Number \_\_\_\_\_ (See Section entitled, "Qualifications for Membership").

\_\_\_\_\_  
Name of Attorney/Employer (Please print)

\_\_\_\_\_  
Signature

Date: \_\_\_\_\_

**PROVISIONAL MEMBERSHIP APPLICATION – (NON-VOTING)**

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-mail Address (**REQUIRED**) \_\_\_\_\_

Date of Birth (Month and Day only): \_\_\_\_\_/\_\_\_\_\_

Are you a Certified Legal Assistant/Paralegal (CLA) (CP) (ACP)? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, date certified: \_\_\_\_\_

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

Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Office Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Direct Mail to: \_\_\_\_\_ Home Address \_\_\_\_\_ Business Address

How long have you been employed as a legal assistant/paralegal? \_\_\_\_\_

Total years of legal experience: \_\_\_\_\_

Please list names of employers and date(s) of employment for the past three years:

*(attach additional page(s) if necessary)*

Name: \_\_\_\_\_ Dates: \_\_\_\_\_

Name: \_\_\_\_\_ Dates: \_\_\_\_\_

Name: \_\_\_\_\_ Dates: \_\_\_\_\_

Please list any formal or special education (Name and address of school) or training for present position:

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Please list your primary area of practice: \_\_\_\_\_

**ATTORNEY/EMPLOYER ATTESTATION**

*This section must be completed by all applicants if you are applying for Provisional Membership*

I hereby attest that \_\_\_\_\_ is employed by me and meets the qualifications for provisional membership in the Legal Assistants/Paralegals of Southern West Virginia, as listed in the section titled, "Qualifications for Membership."

\_\_\_\_\_  
Name of Attorney/Employer (Please print)

\_\_\_\_\_  
Signature

Date: \_\_\_\_\_

**STUDENT MEMBERSHIP APPLICATION – (NON-VOTING)**

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-mail Address (**REQUIRED**): \_\_\_\_\_

Date of Birth (Month and Day only): \_\_\_\_\_/\_\_\_\_\_

Name of College or School: \_\_\_\_\_

Total hours completed: \_\_\_\_\_ Expected date of graduation: \_\_\_\_\_

Length of Legal Assistant/Paralegal training program: \_\_\_\_\_

Current GPA: \_\_\_\_\_

Are you currently employed? \_\_\_\_ Yes \_\_\_\_ No

If yes, please complete the following:

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

Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Office Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Direct Mail to: \_\_\_\_ Home Address \_\_\_\_ Business Address



**SCHOOL ATTESTATION**

Required for all student applications

*(To be completed by school program director or instructor)*

I hereby attest that \_\_\_\_\_ is currently enrolled in the legal assistant/paralegal course at this school and is not employed as a legal assistant/paralegal.

College/School: \_\_\_\_\_

Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

\_\_\_\_\_  
Program Director or Instructor Name Title

\_\_\_\_\_  
Signature Date

**SUSTAINING MEMBERSHIP APPLICATION – (NON-VOTING)**

Check One:     Law Firm         Corporate         Educator

Attorney         Supervisor         Vendor

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail Address (**REQUIRED**): \_\_\_\_\_