

New Member Application

Rev. 2/12

**TULSA AREA PARALEGAL ASSOCIATION (TAPA)
AN AFFILIATE OF THE NATIONAL ASSOCIATION OF LEGAL ASSISTANTS (NALA)**

NAME:	_____	HOME:	_____
ADDRESS:	_____	CITY/ZIP:	_____
EMPLOYER:	_____	OFFICE:	_____
EMPLOYER ADDRESS:	_____	CITY/ZIP:	_____
EMAIL:	_____	SPECIALTY (IF ANY):	_____

PLEASE INDICATE WHICH ADDRESS YOU WISH TO RECEIVE TAPA CORRESPONDENCE: HOME EMPLOYER

ENCLOSED ARE MY DUES IN THE AMOUNT OF \$ _____ FOR THE YEAR _____
ANNUAL DUES: \$55.00 FOR ACTIVE & ASSOCIATE MEMBERS; \$25.00 FOR STUDENT MEMBERS [DISCOUNT 1/2 AFTER JUNE]

ACTIVE MEMBERSHIP (ANNUAL DUES PAYABLE BY JANUARY 1 OF EACH YEAR)

- ___ A SUCCESSFUL COMPLETION OF THE CLA/CP EXAMINATION ADMINISTERED BY NALA.
CLA/CP _____ CLAS/ACP IN _____
- ___ B GRADUATION FROM AN ABA ACCREDITED PARALEGAL/LEGAL ASSISTANT PROGRAM.
NAME OF SCHOOL: _____
- ___ C GRADUATION FROM COURSE OF STUDY FOR LEGAL ASSISTANTS WHICH IS INSTITUTIONALLY ACCREDITED, NOT ABA APPROVED, BUT IS IN SUBSTANTIAL COMPLIANCE WITH ABA GUIDELINES.
- ___ D BACCALAUREATE OR ASSOCIATE DEGREE PLUS 2 YEARS OF PARALEGAL WORK EXPERIENCE OR COMPLETION OF SEMESTER HOURS AS REQUIRED BY THE ABA APPROVAL GUIDELINES.
- ___ E HIGH SCHOOL DIPLOMA OR ITS EQUIVALENT AND AT LEAST FIVE YEARS OF PARALEGAL WORK EXPERIENCE.
(OBTAIN CERTIFICATION BELOW).

ASSOCIATE MEMBERSHIP (ANNUAL DUES PAYABLE JANUARY 1 OF EACH YEAR)

- ___ F BAR ASSOCIATION MEMBERS ENDORSING PARALEGAL PROFESSION.
- ___ G MEMBERS OF THE EDUCATIONAL FIELD ENDORSING PARALEGAL PROFESSION.
- ___ H DIRECTLY INVOLVED IN SUPERVISING OF PARALEGAL(S) / LEGAL ASSISTANT(S).

STUDENT MEMBERSHIP

- ___ I CURRENTLY ENROLLED IN A PARALEGAL / LEGAL ASSISTANT PROGRAM, HAVING COMPLETED AT LEAST 12 SEMESTER HOURS OF LEGAL ASSISTANT COURSES AT _____ AND NOT EMPLOYED AS A LEGAL ASSISTANT FOR MORE THAN SIX MONTHS.

I HEREBY GIVE PERMISSION TO TAPA TO INVESTIGATE MY QUALIFICATIONS FOR MEMBERSHIP. I HAVE READ AND AGREE TO BE BOUND BY THE NALA CODE OF ETHICS AND PROFESSIONAL RESPONSIBILITY.

DATE _____ APPLICANT'S SIGNATURE _____

SUPERVISING ATTORNEY VERIFICATION (REQUIRED FOR CATEGORY "E" ONLY)	
I HEREBY CERTIFY THAT THE ABOVE-NAMED APPLICANT IS CURRENTLY PERFORMING, OR HAS PERFORMED IN THE PAST, PARALEGAL SERVICES FOR ME IN MY WORK AS AN ATTORNEY FOR A MINIMUM OF FIVE (5) YEARS, AND THAT I HAVE SUPERVISED THE APPLICANT'S WORK AND REMAIN RESPONSIBLE FOR THE WORK PRODUCT. I FURTHER CERTIFY THAT THE APPLICANT'S ETHICAL AND PROFESSIONAL CONDUCT ARE ABOVE REPROACH AND HEREBY RECOMMEND HIM/HER FOR MEMBERSHIP IN THE TULSA AREA PARALEGAL ASSOCIATION.	
ATTORNEY'S NAME: _____	BAR NUMBER: _____
ATTORNEY'S SIGNATURE _____	DATE: _____

PLEASE MAKE CHECK PAYABLE TO TAPA AND MAIL TO TAPA, P. O. Box 1484, TULSA, OK 74101-1484.
FOR FURTHER INFORMATION, PLEASE CONTACT **MONA JENKINS, ACP**, TAPA VICE PRESIDENT, AT (918) 728-3020 OR MJENKINS@NEWGULFENERGY.COM ANY BOARD MEMBER OR WRITE TO TAPA AT THE ABOVE ADDRESS.

The terms "paralegal" and "legal assistant" are synonymous.