



P.O. Box 69218, St. Louis, MO 63169-0218  
Affiliate - National Association of Legal Assistants

**MEMBERSHIP APPLICATION**

**Please type or print clearly.**

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

Home Address: \_\_\_\_\_  
Street City State Zip

Home Phone: \_\_\_\_\_ Date of Birth (Month/Day): \_\_\_\_\_

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

Employment Address: \_\_\_\_\_  
Street City State Zip

Employment Phone: \_\_\_\_\_

Applicant's Title at Current Employer: \_\_\_\_\_

Preferred Mailing Address:  Home  Work

**STLPA's announcements are delivered via e-mail.** Please provide your preferred e-mail address: \_\_\_\_\_

Check the areas in which you are currently working as a Legal Assistant/Paralegal:

- |                                                 |                                                         |                                               |
|-------------------------------------------------|---------------------------------------------------------|-----------------------------------------------|
| <input type="checkbox"/> Admiralty              | <input type="checkbox"/> Employee Benefits              | <input type="checkbox"/> Personal Injury      |
| <input type="checkbox"/> Bankruptcy             | <input type="checkbox"/> Environmental Law              | <input type="checkbox"/> Products Liability   |
| <input type="checkbox"/> Commercial Banking     | <input type="checkbox"/> Estate Planning/Administration | <input type="checkbox"/> Real Estate          |
| <input type="checkbox"/> Constitutional Law     | <input type="checkbox"/> Freelance                      | <input type="checkbox"/> Securities           |
| <input type="checkbox"/> Contracts              | <input type="checkbox"/> Insurance                      | <input type="checkbox"/> Tax                  |
| <input type="checkbox"/> Corporate              | <input type="checkbox"/> Intellectual Property          | <input type="checkbox"/> Trust Administration |
| <input type="checkbox"/> County/City Government | <input type="checkbox"/> Labor/Workers' Compensation    | <input type="checkbox"/> Other                |
| <input type="checkbox"/> Criminal Law           | <input type="checkbox"/> Litigation                     |                                               |
| <input type="checkbox"/> Domestic/Family Law    | <input type="checkbox"/> Medical Malpractice            |                                               |

Type of membership for which you are applying:  Voting - \$97.50\*  Associate - \$82.50\*  Student - \$35.00

*\*Voting and Associate new member applications received after September 30<sup>th</sup> of each calendar year will be required to pay 1/2 the current membership fee and the full fee for the following calendar year. Student members will pay the full fee and will be required to renew at the beginning of the next calendar year. Questions regarding application fee should be sent to [membership@stlpa.org](mailto:membership@stlpa.org).*

Professional Associations of which you are a member:  NALA  BAMSL  ABA  Other \_\_\_\_\_

Are you a graduate of a legal assistant/paralegal training program?  Yes  No

If yes, please indicate:  
Name of Institution: \_\_\_\_\_

Degree and Year Received (i.e., Bachelor's Degree, Associate Degree, Certificate of Proficiency, etc.): \_\_\_\_\_

Applicant hereby applies for membership in the St. Louis Paralegal Association and agrees to be bound by the By-Laws and policies of the Corporation and the National Association of Legal Assistants. If Applicant is applying for Voting Membership or Associate Membership based on employment, Applicant hereby certifies that he/she is "currently employed as a legal assistant/paralegal" as defined in the By-Laws of the Corporation. In addition, Applicant certifies that he/she has not been convicted of a felony.

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

Contributions or gifts to the Association are not deductible as charitable contributions for Federal income tax purposes. However, dues payments may be deductible by members as an ordinary and necessary business expense.

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**EDUCATION ATTESTATION**

I hereby attest that the above-named Applicant (mark appropriate item): You are currently enrolled in or you have completed a formal training program at the following institution for training legal assistants/paralegals, and that said program is in substantial compliance with the "Guidelines for Approval of Paralegal Education Programs" effective September 1, 2003. This attestation does not necessarily mean that such program is ABA approved or is seeking ABA approval.

SCHOOL: \_\_\_\_\_

Date: \_\_\_\_\_ Authorized Signature: \_\_\_\_\_

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

Print Title: \_\_\_\_\_

**(This attestation is to be signed by the Director or Department Head of Educational Institution.)**

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**ATTORNEY-EMPLOYER ATTESTATION**

I hereby attest that the above-named Applicant is currently employed as and is recognized as a legal assistant/paralegal, and that he/she, under the supervision and direction of a lawyer, is capable of the following services as generally described by the American Bar Association's Standing Committee on Paralegals:

- Applying knowledge of the law and legal procedure in drafting legal documents and other papers in certain fields of law.
- Exercising judgment and working independently with respect to assigned tasks, keeping and meeting deadlines.
- Preparing or interpreting legal documents for review by lawyers.
- Selecting, compiling and using technical information from such references as digests, encyclopedias or practice manuals.
- Analyzing procedural problems and recommending solutions in certain fields of law.
- Preparing detailed office procedures for efficient handling of specialized fields of the law.

I further attest that Applicant has been employed as a legal assistant/paralegal for \_\_\_\_\_ years; that this applicant works at least three-fourths (3/4) of the total employed hours as such legal assistant/paralegal; that this applicant's ethical and professional conduct are above reproach; and that he/she is hereby recommended for membership in the St. Louis Paralegal Association.

NOTE: LENGTH OF APPLICANT'S EMPLOYMENT AS A LEGAL ASSISTANT/PARALEGAL MAY BE A COMPOSITE OF EMPLOYMENT BY SEVERAL EMPLOYERS.

FIRM/COMPANY: \_\_\_\_\_

Date: \_\_\_\_\_ Authorized Signature: \_\_\_\_\_

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

Print Title: \_\_\_\_\_

**(This attestation has to be executed by the Applicant's Paralegal Manager/Director or Authorized Representative of Applicant's Current Employer)**