

KENTUCKY PARALEGAL ASSOCIATION



2012 MEMBERSHIP APPLICATION

1. TYPE OF MEMBERSHIP

Annual Dues

- Active- \$50.00
- Associate - \$50.00
- Sustaining - \$100.00
- Student - **FREE**

Are you a Certified Kentucky Paralegal? YES NO Date Tested: _____

Please see the KPA Bylaws on the homepage of KPA web site at <http://www.kvpa.org> for a description of the types of memberships. If you are a CKP, you are an active KPA Member.

_____ Please check here if this is a renewal and complete the entire application.

_____ Please check here if this is NOT a renewal and complete the entire application.

2. PERSONAL INFORMATION

Name: _____

Certifications (i.e. CKP, RP, CLA) : _____

Address: _____

City: _____ State: _____ Zip Code: _____

Birth Date: Month _____ Day _____

Home Phone: _____ Home E-mail: _____

3. CURRENT EMPLOYER

Law Firm or Company Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Facsimile: _____

Work E-mail: _____

How long have you worked for this company? _____

Title & Area of Law: _____

Responsibilities:

4. PREVIOUS WORK EXPERIENCE (LAST FIVE YEARS ONLY)

(Include Dates, Name of Employer, Address and your Title)* If you are a **new applicant** qualifying based upon work experience, please have your employer complete the attestation of employment form and submit with your application.

5. EDUCATION

(Include Dates, College Name, Major, and Degree)

6. LIST MEMBERSHIPS IN ANY PROFESSIONAL SOCIETY OR ASSOCIATION: _____

7. HAVE YOU EVER BEEN CONVICTED OF A FELONY?

Yes No If yes, please give details:

8. HAVE YOU EVER HELD A PROFESSIONAL LICENSE THAT HAS BEEN REVOKED?

Yes No If yes, please give details:

After completing this application please print, sign and mail the application along your check for dues made payable to the Kentucky Paralegal Association, P.O. Box 2675, Louisville, Kentucky 40201.

By executing this application, I hereby acknowledge that the foregoing information is true and accurate and give my permission to the Kentucky Paralegal Association to verify all information contained herein. I further understand that additional information may be requested and acknowledge that such information shall also be true and accurate. All information provided to the KPA for membership shall remain confidential.

SIGNATURE: _____ DATE: _____