



NORTHERN KENTUCKY ASSOCIATION OF PARALEGALS
APPLICATION FOR MEMBERSHIP

Northern Kentucky Association of Paralegals
Attn: Membership Committee
P.O. Box 1282
Covington, KY 41012-1282

NAME _____

HOME ADDRESS _____ TELEPHONE NUMBER _____

CITY _____ STATE _____ ZIP _____

E-MAIL: _____

EMPLOYER/LAW FIRM _____

AREA(S) OF LAW _____

BUSINESS ADDRESS _____

CITY _____ STATE _____ ZIP _____

BUSINESS TELEPHONE NUMBER _____ FAX NUMBER _____

E-MAIL ADDRESS _____

MAILINGS SENT TO HOME ADDRESS _____ / BUSINESS ADDRESS _____

DATE OF CLA® or RP® CERTIFICATION (if applicable) _____ / RE-CERTIFIED _____

PLEASE REVIEW THE CHOICES BELOW AND CIRCLE THE QUALIFICATION LETTER FOR
MEMBERSHIP UNDER WHICH YOU ARE APPLYING: (a) (b) (c) (d) (e) (f) (g) (h)

ACTIVE MEMBERSHIP:

- (a) Any individual who has graduated from an ABA approved program of study for paralegals;
- (b) Any individual who has graduated from a course of study for paralegals which is institutionally accredited but not ABA approved and which requires not less than the equivalent of 60 semester hours of classroom study for a degree or not less than the equivalent of 25 hours of classroom study for a post-baccalaureate certificate in paralegal studies and;
- (c) Any individual who has graduated from a course of study for paralegals other than those set forth in (a) and (b) above, plus not less than one year of in-house training as a paralegal, whose attorney-employer attests that such person is qualified as a paralegal,
- (d) Any individual who has received a bachelor's degree in any field, plus not less than one year of in-house training as a paralegal, whose attorney-employer attests that such person is qualified as a paralegal;
- (e) Any individual who has a minimum of three years of law-related experience under the supervision of an attorney, including at least one year of in-house training as a paralegal, whose attorney-employer attests that such person is qualified as a paralegal,
- (f) Any individual who has a minimum of two years of in-house training as a paralegal. whose attorney-employer attests that such person is qualified as a paralegal; or
- (g) Any individual who is a CLA® certified by the National Association of Legal Assistants, Inc. or is a RP® certified by the National Federation of Paralegal Associations.

ASSOCIATE MEMBERSHIP:

- (h) Any individual who is actively enrolled in a course of study to complete one of the above paralegal degrees or who has not yet met the minimum requirements for Active Membership as set forth above.

If you are qualifying under (a), (b), (c), (d) or (h), this section must be completed:

SCHOOL ATTENDED	SCHOOL ADDRESS (CITY/STATE)	MAJOR	DEGREE OR CERTIFICATION (e.g., BA, AA, etc.)	MONTH/YEAR GRADUATED OR TO GRADUATE

If you are qualifying under (c), (d), (e) or (f), this section must be completed:

EMPLOYER	ADDRESS	POSITION/TITLE	DATES OF EMPLOYMENT

The Standing Rules state in paragraphs 2(b) and (c) of Section 2 under Membership - Admission and Termination that "Admission will automatically be denied to any person who submits false information on a membership application, or is presently under conviction for a felony or to any attorney not eligible to practice law in any state, whether by suspension or disbarment."

I hereby apply for membership in the NORTHERN KENTUCKY ASSOCIATION OF PARALEGALS and agree to be bound by the Standing Rules and Paralegal Standards of Conduct as adopted by this Association. I hereby affirm that I am not presently serving time under conviction of a felony and that I have not been found to have engaged in the unauthorized practice of law. I further understand that this application is subject to approval by the Membership Committee of the NKAP.

I attest that the information contained on this Application for Membership is true and correct.

Date: _____
Signature _____

ATTORNEY/EMPLOYER ATTESTATION: (To be completed by those qualifying under requirements lettered ©, (d), (e) or (f).)

I hereby attest that _____ is employed by me and meets the qualification for Active Membership in the Northern Kentucky Association of Paralegals, as listed under requirement letter _____.

Date _____
Name of Employer/Attorney
(Please Print) _____
Signature _____

SCHOOL ATTESTATION: (To be completed by those applicants qualifying under requirement letter (h).)

I hereby attest that _____ is enrolled in a course of study to complete one of the paralegal degrees or post-baccalaureate certificates listed in (a), (b), (c) or (d).

Date: _____
Name (Please Print) _____
Position with School _____
Signature _____

Annual dues for membership are \$25.00 for Active Members and \$20.00 for Associate Members. The fiscal year begins on January 1; therefore after June 30, dues are prorated to \$12.50 for Active Members and \$10.00 for Associate Members. See the Standing Rules for any further proration of dues

