



ANNUAL MEMBERSHIP APPLICATION

P.O. Box 101956
Anchorage, Alaska 99510-1956
(907) 646-8018

PLEASE READ CAREFULLY BEFORE COMPLETING YOUR APPLICATION

Incomplete Applications will be returned
Please make checks payable to: Alaska Association of Paralegals

ALASKA ASSOCIATION OF PARALEGALS
(Tax I.D. 92-0087988)

New Member **Renewal**

Name: _____
(Last, First)

Phone: (____) _____

Fax: (____) _____

E-Mail: _____

Specialty: _____

(i.e. litigation, corporate, probate, etc.)

Position: _____

Employer: _____
(If student, name of school you are attending)

Mailing Address (for AAP correspondence):

Street Address

City / State / Zip + 4

Full Membership (Voting) \$85 (\$55 for Government Paralegals*) – To qualify and be eligible for admission to full membership, applicants must complete the Membership Verification Section (“MVS”) as stated in Bylaws Section 3.2.1. Initial applicants’ eligibility is outlined in Bylaws Section 3.2.1.1, including a minimum of 6 hours of continuing legal education completed during the previous twelve months. **Initial applicants are requested to provide a brief summary of legal experience and/or educational program completion, and present job duties in the Membership Verification Section.** Renewing members’ eligibility is stated in Bylaws Section 3.2.1.2, including a minimum of 6 hours of continuing legal education completed during the previous twelve months.

Associate Membership (Non-voting) \$75 (\$45 for Government Paralegals*) -- Must complete Membership Verification Section to qualify and be eligible for admission to associate membership at the time of initial application as stated in Bylaws Section 3.2.2. **Associate-member Applicants are asked to describe work history and/or educational background in the Membership Verification Section.**

() Note: Government discounts apply to those paralegals employed by a Municipal, State, or Federal entity or branch of the military.*

Student Membership \$40 (Non-voting) – Requires Applicant be enrolled as a student at the time of application as stated in Bylaws Section 3.2.3. Please include with your application, a copy of your current school registration or some other proof of current enrollment.

Sustaining Membership \$130 (Non-voting) -- Sustaining membership is offered to corporations and organizations that provide services, goods, or help to fund paralegal educational and membership activities in accordance with Bylaws Section 3.2.4.

Continued on reverse side



Please indicate all committees you are interested in:

- Bar Association Liaison
- Bylaws / Policies
- Continuing Legal Education
- Ethics
- Independent Contractors
- Librarian / Archivist
- Membership
- Newsletter
- Nominations / Elections
- Paralegal Education / Scholarship
- Pro Bono
- Program
- Promotional Items / Publicity
- Survey (ad hoc)
- Web Site / Web Master / Job Bank

Benefits of an AAP Membership:

1. An excellent source of continuing education;
2. Networking with fellow paralegals;
3. Updated information about important issues concerning the profession;
4. Development of and opportunities to display your unique leadership abilities;
5. Quarterly Newsletters;
6. Job bank for career opportunities;
7. Access to AAP members only Website, see www.alaskaparalegals.org; and
8. Membership in NFPA, see www.paralegals.org, including a subscription to the *National Paralegal Reporter*.

AAP Membership Year

Membership year is twelve months from the date your application is approved. From your AAP dues, \$25 (\$20 for students), pays for concurrent membership in the National Federation of Paralegal Associations, including a subscription to the *National Paralegal Reporter* published six times per year.

Permission to Publish

___YES ("I do") ___NO ("I do not") want my name, firm name and address, business telephone number, email address and area of law published in a "Members Only" Alaska Association of Paralegals directory.

___YES ("I do") ___NO ("I do not") want the National Federation of Paralegal Associations to list my contact information in order to receive membership benefits, notices of educational publications, etc.

Area(s) of Practice

If you are willing to have your name published in an AAP contact directory, please list your area of practice to ensure that you will be listed in the appropriate categories. This directory is only intended as a networking tool within the organization.

**Membership Verification Section-
6.0 CLEs Required for Full Membership**

Please list at least 6.0 CLE credits earned in the previous 12 months in order to be eligible for Full Membership (attach additional sheets if necessary):

CLE: _____ Credit: _____
 CLE: _____ Credit: _____
 CLE: _____ Credit: _____
 CLE: _____ Credit: _____
 CLE: _____ Credit: _____
 CLE: _____ Credit: _____

I certify that I have read the excerpts from the bylaws of the Alaska Association of Paralegals defining categories of membership and that I qualify for the category I have indicated. I further understand that AAP, as a member of NFPA, abides by its bylaws and cannot grant voting membership status to individuals who are incarcerated. I have answered the above questions truthfully and to the best of my ability. I understand that any false information may cause the revocation of my membership. I will notify the AAP Membership Chair upon any change in contact information or employment.

Date: _____

Signature: _____

Bylaws can be reviewed on our website located at www.alaskaparalegals.org or by calling (907) 646-8018.

AAP Membership Committee Use Only

Received _____
 Amount Paid _____
 Approved _____
 Comments _____

