



MEMBERSHIP APPLICATION
September 1, 2007 through August 31, 2008

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 Assoc. of Paralegals

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

New Member **Renewal**

Last Name: _____
First Name: _____

Phone: (____) _____
Fax: (____) _____
E-Mail: _____
Specialty: _____

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

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

Mailing Address:

City/State/Zip+4: _____

Position:

AAP Membership Categories
Please check one

Full Membership (Voting) \$85 (\$55 for Government workers) – Must complete Membership Verification section to qualify and be eligible for admission to full membership at the time of initial application as stated in Bylaws Section 3.2.1. If you are renewing a full membership, list a minimum of 6 hours of continuing legal education since September 1 in the Membership Verification section. If you are joining for the first time between March 1 and August 31 of this year, list a minimum of 3 hours of continuing legal education since March 1 in the Membership Verification section. **If you are applying as a new member, please explain your legal experience and/or educational program completion and your present job duties in the Membership Verification section.**

Associate Membership (Non-voting) \$75 (\$45 for Government workers) - 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. **If you are applying for associate membership, please describe your work history and/or educational background in the Membership Verification section.**

(Note: Government discounts apply to those working for a Municipal, State, or Federal entity or a branch of the military. If you are a government worker applying for membership, please describe your work history and/or educational background in the Membership Verification section.)

Student Membership \$40 (Non-voting) - To be eligible for admission to student membership, the applicant must be eligible for admission to student membership at the time of application as stated in Bylaws Section 3.2.3. **If you are applying for a student membership, please attach a separate sheet showing proof of current school 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 groups and committees you are interested in:

- Bar Association
- Bylaws/Policies
- Continuing Legal Education
- Ethics
- Independent Contractors
- Librarian/Archivist
- Membership
- NFPA
- Newsletter
- Nominations/Elections
- Pro Bono
- Program
- Promotional Items
- Publicity
- Survey
- UAA Paralegal Education Scholarship

Benefits of an AAP Membership:

1. An excellent source of continuing education;
2. Association 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 available for career opportunities;
7. Access to AAP 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 September 1 through August 31. \$25 (\$20 for students) of individual AAP membership dues pays for concurrent membership in the National Federation of Paralegal Associations, including a subscription to the *National Paralegal Reporter*.

___ YES ___ NO, I do ___ want my name, firm name and address, business telephone number and email address and area of law published in an Alaska Association of Paralegals directory.

___ YES ___ NO, I do ___ want the National Federation of Paralegal Association to list my name and mailing address in order to receive membership benefits, notices of educational publications, etc.

Area 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

Must be completed if applying for a Full or Associate Membership. Please fill in below or attach a separate listing.

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 address 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 _____

*Copies provided by
Professional Legal Copy*