



For Office Use Only:
 Date Rec'd: _____
 Ck. # _____
 Amt. \$ _____

MEMBERSHIP RENEWAL INVOICE

NAME: _____ Gender: Male Female

HOME ADDRESS:	FIRM NAME & ADDRESS:
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HOME PHONE: () _____ WORK PHONE: () _____

HOME FAX: () _____ WORK FAX: () _____

PERSONAL E-MAIL ADDRESS: <input type="checkbox"/> I PREFER TO RECEIVE MY E-MAIL AT HOME.	WORK E-MAIL ADDRESS: <input type="checkbox"/> I PREFER TO RECEIVE MY E-MAIL AT WORK.
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Please e-mail me **Employment Listings and Career Resources** updates. YES NO
 Please e-mail me **Project and Event** updates. YES NO
 I am interested in the volunteering for the _____ committee.

Certification(s):
 Area(s) of Law Currently Working In:
 Paralegal School/Program: _____ or Grandfathered or Attorney affidavit
 Years as a Paralegal: 0-3 3-5 5-8 8-12 12-15 15-20 20 +
 How did you hear about us: School _____ Internet _____
 Referred by a Friend _____ Other _____

MEMBERSHIP REQUIREMENTS

() Voting Membership – \$75.00	Voting members are paralegals as defined by B&P Code §6450(c), and must be currently employed full-time. Voting members are eligible to hold office, make motions and vote.
() Associate Membership – \$70.00	Associate Members are persons who do not meet the criteria of a voting member and/or who is an attorney, secretary or legal administrator. Associate members are ineligible to hold office, make motions or vote.
() Student Membership – \$30.00	Student members are current paralegal students and are ineligible to hold office, make motions or vote. Please attach a copy of your matriculation or enrollment confirmation letter from the director of your paralegal program.
() Sustaining Membership – \$225.00	Sustaining members are businesses or law firms. Sustaining members are ineligible to hold office, make motions or vote.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.
 SIGNED _____ DATED _____

Please mail this Membership Application with requisite proof of eligibility and check or money order to: <div style="text-align: center;"> San Diego Paralegal Association P.O. Box 124738 San Diego, CA 92112-4738 </div>	To pay by credit card, please provide the following information and email to sdpaMembership@gmail.com : Name on Card: _____ Card Type: Visa MC Discover American Express Card No.: _____ Card Expiration Date: _____ CCV#: _____
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