

# 2019 CPPA MEMBERSHIP APPLICATION

(Please type application information)

\_\_\_\_\_ First Time Application (Add \$5 processing fee if you were not a member during the preceding calendar year)

NAME: \_\_\_\_\_

YOUR CREDENTIALS, IF ANY (RP, Pa.C.P., etc): \_\_\_\_\_ ARE YOU A VETERAN? Yes \_\_\_ No \_\_\_

EMPLOYER \_\_\_\_\_

BUSINESS ADDRESS: \_\_\_\_\_ CITY/STATE/ZIP: \_\_\_\_\_

BUS. PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

SCHOOL (if Student Applicant): \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_ (Business) EMAIL ADDRESS: \_\_\_\_\_ (Home)

HOME ADDRESS: \_\_\_\_\_ CITY/STATE/ZIP: \_\_\_\_\_

SEND MAIL/E-MAIL TO: HOME: \_\_\_\_\_ BUSINESS: \_\_\_\_\_

## MEMBERSHIP CATEGORIES

Please carefully review the following membership categories and indicate which category you are applying. Note that you may be required to submit additional information as defined in the category description. Applications are subject to review by the Membership Director and/or the CPPA Board of Directors. A newsletter subscription is included in the price of your membership. CPPA members are also members of the National Federation of Paralegal Association, Inc. ("NFPA"). A portion of your membership dues is paid to NFPA for membership in the national association. We are unable to pro rate your membership fee to coincide with the date of application. However, any applications received after October 1<sup>st</sup> of each year will include the following membership year. The membership year runs January 1<sup>st</sup> through December 31<sup>st</sup>. Voting Members may hold a Board and/or Chair Position or be a Committee Member. Non-Voting Members may not vote and can not hold a Board Position; however, they may Chair or be a Committee Member. Upon membership renewal, if you meet the requirements of a Voting Member, you may apply for Voting Membership Status. Please allow 4 – 6 weeks for application processing.

\_\_\_ **VOTING:** (\$70) Any person who is employed as a paralegal or legal assistant who, in the course of their employment, performs substantial paralegal functions and meets one of the following criteria:  
Bachelor's degree in Paralegal Studies (minimum 24 semester hours must be in Paralegal courses.)  
OR  
Bachelor's degree in Paralegal Studies and/or another course of study PLUS a Paralegal Certificate  
OR  
Associate's degree in Paralegal Studies  
OR  
Associate's degree in another course of study PLUS a Paralegal Certificate  
OR  
Paralegal Certificate PLUS one (1) year of work experience as a Paralegal  
OR  
A minimum of two (2) years of Paralegal work experience  
AND  
Written Verification of Employment from Current Employer indicating educational background, number of years of current work experience and verification that applicant performs substantial Paralegal functions in the course of his/her employment OR Written Verification of Non-Traditional Paralegal demonstrating at least twenty (20) hours of substantial paralegal functions within the three (3) month period preceding application. **(Please be certain to use the attached form entitled "Verification of Employment" OR "Verification of Non-Traditional Paralegal")**

\_\_\_ **STUDENT:** (\$35) (non-voting) A person currently enrolled in an ABA approved program or a program which meets AafPE institutional membership standards AND provides written verification of enrollment by Director of Paralegal Program **(Please be certain to use the attached form entitled "Verification of Enrollment")**

\_\_\_ **ASSOCIATE:** (\$55) (non-voting) Any person (1) who is employed as a Paralegal educator; (2) who was previously employed as a paralegal or paralegal educator; (3) who has completed a formal course of paralegal study, but who is not employed as a paralegal at the time of application for membership; (4) who was previously a Voting member of this Association, but is not employed as a paralegal at the time of the annual renewal of membership; or (5) who is currently employed as a paralegal, but who does not meet the educational and/or work experience requirements for a Voting member.

\_\_\_ **SUSTAINING:** (\$85) (non-voting) Individuals, Partnerships, Associations or other entities interested in supporting the Paralegal profession.

MAIL THIS APPLICATION TO: Central Pennsylvania Paralegal Association  
Attention: Membership Director  
P.O. Box 11814  
Harrisburg, PA 17108-1814

**PLEASE NOTE: ANY PERSON CURRENTLY INCARCERATED FOR THE COMMISSION OF ANY CRIME AS DEFINED BY ANY STATE OR FEDERAL STATUTE MAY NOT APPLY FOR MEMBERSHIP IN CPPA UNTIL SUCH TIME AS THEIR SENTENCE HAS BEEN SATISFIED.**

**COMMITTEE MEMBERSHIP**

All Voting and Non-Voting members may Chair or be a member of any CPPA committee. **PLEASE** indicate your interest in a committee by checking the appropriate description.

- BAR LIAISON:** Serve as contact person for the bar associations including DCBA and PBA; organize Law Week activities; coordinate scholarship process for paralegal student in conjunction with Law Week; coordinate participation in pro bono activities.
- NATIONAL AFFAIRS/NFPA:** Primary representative shall represent CPPA at all NFPA meetings, secondary representative assists the primary representative, and may accompany the primary to fall & spring conventions; prepare monthly reports on NFPA activity to board & membership; liaison between CPPA and NFPA
- NEWSLETTER:** Prepare a quarterly association newsletter consisting of information from committees and any other material which is determined to be of value to the general membership; solicit sponsors for newsletter via advertisements; review newsletters from other associations
- CONTINUING EDUCATION:** Responsible for preparation and issuance of CLE certificates after monthly Lunch and Learn meetings and obtaining appropriate pre-approval of post-approval for same. Responsible for creating and promoting continuing education seminars during the year. The committee should organize one regular seminar each year.
- PACE:** Led by PACE Coordinator, who is the liaison between CPPA and NFPA on all PACE-related issues. Responsible for organizing PACE Study Groups, obtaining and distributing PACE information and materials to members, and keeping the Board and General Membership apprised of PACE developments.
- FUNDRAISING:** Charged with raising non-dues funds to support the various professional activities of the association by organizing at least 2 fundraising activities each year including cookbooks, raffle tickets, benefit plays etc.
- PROGRAMS:** Organize and promote monthly lunch and learn general membership meetings on a variety of topics throughout the year and must schedule a minimum of six luncheons a year (includes an annual "Take an Attorney to Lunch" program and a Holiday Party)
- JOB BANK:** Maintain contact with all associations in Pa. and surrounding states as well as periodically contact area businesses in relation to paralegal job openings; disseminate information to CPPA members requesting notification of employment opportunities; Maintain & update job listings via the Internet
- PUBLIC RELATIONS:** Assist other committees with promotion of activities, seminars, meetings, Law Week activities, etc.; advertise & prepare press releases to the legal community and general public on CPPA functions or activities; organize & coordinate community outreach activities; maintain & update any association brochures; prepare a list of resources and maintain documents, banner and promotional items for distribution as needed
- VENDOR:** The committee serves to solicit and obtain vendor support for the association by maintaining a database of vendors and their contributions
- STATE REGULATION:** Keep abreast & monitor all state related legislation, regulations or legal actions concerning the paralegal profession; make contact with bar associations, state legislature or other agencies as needed; Primary & Secondary representatives serve as the liaisons to the Keystone Alliance of Paralegal Associations
- CORPORATE PARALEGAL:** For the support of paralegals in corporate practice. This committee will suggest some lunch and learn topics to be shared at the general membership meetings, coordinate a variety of events, including legal education seminars, with other corporate legal organizations and assist CPPA Membership Director in recruiting and retaining corporate paralegals.
- WEBSITE:** Shall provide timely information to members, the paralegal profession and the general public through CPPA's website. The committee will also be responsible for website maintenance such as providing updates, removing any dated material and adding pertinent current material as well as monitor CPPA's Email Account

**\* AREAS OF PRACTICE \***

**PLEASE INDICATE THE PRINCIPAL AREA(S) OF LAW IN WHICH YOU ARE NOW WORKING. IF LITIGATION, INDICATE PLAINTIFF OR DEFENDANT.**

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> BANKRUPTCY         | <input type="checkbox"/> INTELLECTUAL PROPERTY | <input type="checkbox"/> CORPORATE                           |
| <input type="checkbox"/> LABOR & EMPLOYMENT | <input type="checkbox"/> CRIMINAL              | <input type="checkbox"/> LITIGATION (Plaintiff or Defendant) |
| <input type="checkbox"/> ENVIRONMENTAL      | <input type="checkbox"/> MUNICIPAL FINANCE     | <input type="checkbox"/> FAMILY                              |
| <input type="checkbox"/> GENERALIST         | <input type="checkbox"/> PUBLIC UTILITY        | <input type="checkbox"/> PROBATE & ESTATE ADMIN              |
| <input type="checkbox"/> GOVERNMENT         | <input type="checkbox"/> REAL ESTATE           | <input type="checkbox"/> OTHER (Please indicate)             |

Enclosed is a check in the amount of \$ \_\_\_\_\_ (including \$5 processing fee if applying as a new applicant, OR, if you were a member in the preceding year but are submitting your application after **January 31, 2019** deadline.) Please make checks payable to **"CENTRAL PENNSYLVANIA PARALEGAL ASSOCIATION."**

**I AGREE TO BE BOUND BY THE CODE OF ETHICS, BY-LAWS AND GENERAL PROCEDURES (each furnished upon request) ADOPTED BY THE MEMBERS OF CPPA. I UNDERSTAND THAT THIS APPLICATION IS SUBJECT TO THE APPROVAL OF THE MEMBERSHIP COMMITTEE AND/OR THE CPPA BOARD OF DIRECTORS AND THAT MY CHECK WILL BE RETURNED TO ME IN THE EVENT MY APPLICATION IS NOT APPROVED. I VERIFY THAT THE INFORMATION PROVIDED ABOVE IS ACCURATE.**

DATE: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

CENTRAL PENNSYLVANIA PARALEGAL ASSOCIATION (CPPA)

**VERIFICATION OF EMPLOYMENT**

**[THIS FORM MUST BE COMPLETED BY ALL VOTING MEMBER APPLICANTS EMPLOYED AS A PARALEGAL IN A TRADITIONAL CAPACITY. NON-TRADITIONAL PARALEGALS DEFINED AS, "ONE WHO WORKS FOR MULTIPLE ATTORNEYS ON A CONTRACT BASIS AS AN INDEPENDENT CONTRACTOR RATHER THAN AS AN EMPLOYEE," PLEASE REFER TO THE NON-TRADITIONAL PARALEGAL VERIFICATION FORM]**

CPPA endeavors to insure that its members maintain a high level of integrity, education and experience. For our records, please verify the following information, to the best of your knowledge, information and belief:

I, \_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
(Print Title)

hereby verify that \_\_\_\_\_ is an employee of  
(Paralegal Applicant)

\_\_\_\_\_ for \_\_\_\_\_ years.  
(Name of Firm/Corporation)

To the best of my knowledge, information and belief, I confirm that the applicant has the following educational background \_\_\_\_\_  
(be specific and include any degree(s), certificate(s), etc.)

and/or \_\_\_\_\_ years of Paralegal experience in accordance with CPPA's membership criteria.

I further verify that a majority of work performed by the applicant is substantial Paralegal work performed in a responsible and ethical manner as outlined in the following definition of a Paralegal adopted by CPPA:

Paralegal shall mean a person who is qualified through education, training or work experience and is employed or retained by a lawyer, law office, governmental agency, or other entity to work under the direction of an attorney in a capacity that involves performance of substantive legal work that, in most instances, requires a sufficient knowledge of legal concepts and would otherwise be performed by the attorney in the absence of the Paralegal. The term "Paralegal" and "Legal Assistant" are interchangeable and used synonymously.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

CENTRAL PENNSYLVANIA PARALEGAL ASSOCIATION (CPPA)

VERIFICATION OF NON-TRADITIONAL PARALEGAL

[THIS FORM MUST BE COMPLETED BY ALL VOTING MEMBER APPLICANTS WHO ARE CURRENTLY EMPLOYED AS A NON-TRADITIONAL PARALEGAL. NON-TRADITIONAL PARALEGALS DEFINED AS, "IS ONE WHO WORKS FOR MULTIPLE ATTORNEYS ON A CONTRACT BASIS AS AN INDEPENDENT CONTRACTOR RATHER THAN AS AN EMPLOYEE."]

CPPA endeavors to insure that its members maintain a high level of integrity, education and experience. For our records, please verify the following information, to the best of your knowledge, information and belief:

I, \_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
(Print Title)

hereby verify that \_\_\_\_\_ is an independent contractor hired by  
(Paralegal Applicant)

\_\_\_\_\_ and that he/she has performed at least twenty (20)  
(Name of Firm/Corporation)

hours of substantial paralegal functions within the three (3) month period preceding application.

To the best of my knowledge, information and belief, I confirm that the applicant has the following educational background \_\_\_\_\_  
(be specific and include any degree(s), certificate(s), etc.)

and/or \_\_\_\_\_ years of Paralegal experience in accordance with CPPA's membership criteria.

I further verify that a majority of work performed by the applicant is substantial Paralegal work performed in a responsible and ethical manner as outlined in the following definition of a Paralegal adopted by CPPA:

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\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

**CENTRAL PENNSYLVANIA PARALEGAL ASSOCIATION (CPPA)**

**VERIFICATION OF ENROLLMENT**

CPPA endeavors to insure that its members maintain a high level of education and integrity. For our records, please verify the following information, to the best of your knowledge, information and belief:

I, \_\_\_\_\_  
(Print Name)

\_\_\_\_\_, do hereby verify that  
(Print Title)

\_\_\_\_\_ is currently enrolled in an ABA approved program  
(Student Applicant)

and/or a program which meets AAFPE institutional membership standards at \_\_\_\_\_

\_\_\_\_\_  
(Name of Institution)

I further verify that to the best of my knowledge, information and belief,

\_\_\_\_\_  
(Student Applicant)

anticipates graduating in \_\_\_\_\_  
(Month/Year)

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE