



## Membership Application

*Please print or type*

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

### RESIDENCE INFORMATION

Home Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Home Email: \_\_\_\_\_

### EMPLOYMENT INFORMATION

Name of Employer: \_\_\_\_\_

Employer Address: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Business E-Mail: \_\_\_\_\_

Job Title\*\*: \_\_\_\_\_

Job Duties/Area of Specialization/Practice Area\*\*: \_\_\_\_\_

\*\* must be completed to confirm membership status

### HOW WOULD YOU PREFER THAT WE CONTACT YOU? WE WILL USE THE ABOVE INFORMATION.

Mailing Address: Home  or Business

Phone Number: Home  or Business

E-Mail Address: Home  or Business

MPA sends members' mailing addresses to NFPA for delivery of NFPA's magazine, *Paralegal Reporter*. NFPA sells its membership lists to outside vendors. Do you want to allow your name and address to be on the NFPA member list (check here ) or do you want to "opt out" (check here )?

### EDUCATIONAL BACKGROUND

Highest Degree (e.g., high school diploma, bachelors, masters): \_\_\_\_\_

Name of High School/College/University: \_\_\_\_\_

City and State: \_\_\_\_\_ Major: \_\_\_\_\_ Year Conferred: \_\_\_\_\_

Do you have a paralegal certificate?  Yes  No

Name of School Which Issued Paralegal Certificate: \_\_\_\_\_

City and State: \_\_\_\_\_ Year Conferred: \_\_\_\_\_

Are you currently enrolled in a formal course of paralegal studies?  Yes  No

Name of School: \_\_\_\_\_

City and State: \_\_\_\_\_

Expected Date of Completion: \_\_\_\_\_

## MEMBERSHIP CATEGORIES AND ANNUAL DUES

*Pursuant to Article 2 of the Bylaws of Michiana Paralegal Association, Inc., a "Paralegal" is defined as a person, qualified through education, training, or work experience to perform substantive legal work that requires knowledge of legal concepts and is customarily, but not exclusively, performed by a lawyer. This person may be retained or employed by a lawyer, law office, governmental agency or other entity or may be authorized by administrative, statutory or court authority to perform this work.*

Requirements for Membership. Requirement for membership in the Michiana Paralegal Association is as follows:

1. Meet the definition of a paralegal pursuant to Article 2 as stated above; and
  2. Be at least eighteen (18) years of age; and
  3. Be of good moral character; and
    - a.) Not have been suspended or disbarred from the practice of law in any state; and
    - b.) Not have been convicted of an unauthorized practice of law in any state; and
    - c.) Not be currently under suspension, termination or revocation of a certification, registration or license to practice by a professional organization, court, disciplinary board, or agency in any jurisdiction; and
    - d.) Not have been convicted of a felony in any state; and
  4. Attempt to complete within each year, six (6) hours of Continuing Legal Education, of which one (1) hour is an Ethics component (unless the member is a student paralegal or an entity/organization which is a Sustaining Member); and
  5. Also attempt to complete within each year, four (4) hours of Pro Bono legal work.
- Voting (\$65.00) (any person whose job classification is Paralegal or as defined in Article 2 shall be eligible for membership as a Voting Member of MPA)
- Associate (\$50.00) (any person who has completed a formal course of paralegal studies, but who either is not currently employed or is employed in a position that does not satisfy the MPA definition of a Paralegal)
- Student (\$30.00) (any person currently enrolled in a formal course of paralegal studies)

Please make check payable to:  
**Michiana Paralegal Association, Inc.**

Application and check should be mailed to Membership Chair:  
Erin Villeneuve  
AM General LLC – Law Department  
105 N. Niles Avenue  
South Bend, IN 46617

**If you have any questions, please send an e-mail to:**  
[erin.villeneuve@amgeneral.com](mailto:erin.villeneuve@amgeneral.com)

### CERTIFICATION

I \_\_\_\_\_ (Printed Name), hereby swear and attest that I meet the MPA Requirements for Membership as stated in this Membership Application.

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

**MPA STANDING COMMITTEES.** Please indicate your interest in any of the following committees:

- |  |  |                                       |
|--|--|---------------------------------------|
| <input type="checkbox"/> Membership                    | <input type="checkbox"/> Finance/Fundraising | <input type="checkbox"/> Job Bank     |
| <input type="checkbox"/> Publicity/Community Relations | <input type="checkbox"/> Education/Seminars  | <input type="checkbox"/> Meetings     |
| <input type="checkbox"/> National Affairs/NFPA         | <input type="checkbox"/> Student Liaison     | <input type="checkbox"/> E-Newsletter |

**WHY ARE YOU JOINING MPA?** \_\_\_\_\_

\_\_\_\_\_

**HOW DID YOU HEAR ABOUT US?** \_\_\_\_\_

\_\_\_\_\_

**DINNER MEETING SPEAKERS**

What topics would you like to have addressed at membership meetings? \_\_\_\_\_

\_\_\_\_\_

Do you have any suggestions for dinner speakers? \_\_\_\_\_

\_\_\_\_\_

**YOUR COMMENTS AND SUGGESTIONS ARE WELCOME:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*Memberships run for the calendar year (January 1 to December 31). Dues are non-refundable and payable upon application. Dues may be deductible as an ordinary business expense, but are not deductible as charitable contributions for federal income tax purposes. MPA membership includes membership in the National Federation of Paralegal Associations ("NFPA"). Dues are paid by MPA to NFPA; a portion of which pays for your subscription to the National Paralegal Reporter. In St. Joseph County, Indiana, MPA members are eligible for associate membership in the St. Joseph County Bar Association. MPA members are also eligible for affiliate membership in the Indiana State Bar Association. Any acceptance of membership dues during the 4<sup>th</sup> quarter of the fiscal year shall be considered paid in full until December 31 of the following fiscal year. Payment of dues is a prerequisite to the acceptance of membership.*