

LOUISVILLE ASSOCIATION OF PARALEGALS
P.O. BOX 70265
LOUISVILLE, KY 40270-0265

2011/2012 MEMBERSHIP APPLICATION

Renewal? Yes _____ No _____

1. Type of Membership (Please see the Bylaws at www.loupara.com for a description of types of Membership)

	<u>Annual Dues</u>
() Voting	\$45.00
() Associate	\$55.00
() Student	FREE
() Non-Resident	\$20.00
() Emeritus	\$20.00
() Sustaining	\$100.00

Article V of Amended and Restated Bylaws of the LAP: The membership dues will be payable in June of each year, for the following year, and must be paid within thirty (30) days of notification. The Board of Directors will have discretion in charging late fees.

- Please check here if this is a renewal and none of your information has changed. Fill in your name on question 2 and then skip to Number 7.
- Please check here if any of your information has changed, make applicable revisions below and go to Number 7.
- Please check here if this is NOT a renewal and *complete the entire application.*

2. PERSONAL

Name _____

Address _____ Phone _____

City _____ State _____ Zip _____

STUDENTS: Please provide a personal email address: _____

3. CURRENT EMPLOYER

Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____

E-Mail: _____

How long? _____ Title & Area of Law _____

Responsibilities: _____

4. **Previous Work Experience (last five years only)**
- | Dates | Employer/Address | Title |
|--------------|-------------------------|--------------|
|--------------|-------------------------|--------------|

5. (a) **Education**

Dates	College Name/Address	Major	Degree
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- (b) **In-House "Paralegal" Training (please explain giving employer name and address, dates and description of tasks performed.)**

6. **List memberships in any professional society or association** _____

7. **Have you ever been convicted of a felony?** _____

8. **Have you ever held a professional license that has been revoked?** _____

If yes, give details _____

I hereby acknowledge that the foregoing information is true and accurate and give my permission to the Louisville Association of Paralegals to verify all information contained herein. I further understand that additional information may be requested and acknowledge that such information shall also be true and accurate. All information provided to the LAP for membership shall remain confidential.

Signature

Date

All membership applications are subject to approval by the Louisville Association of Paralegals.