

**CHESTER COUNTY PARALEGAL ASSOCIATION
P.O. BOX 295
WEST CHESTER, PA 19381-0295
MEMBERSHIP RENEWAL FORM
FOR THE YEAR 2019**

Name: _____ Date: _____
(Print Name)

Enclosed are my dues in the amount of:

_____ **\$65 Full Membership** (full voting privileges)

Full members are full voting members who have continuously maintained their membership and any person who possesses a paralegal certificate or degree from a legal assistance studies program and has six (6) months work experience as a paralegal.

_____ **\$50 Associate Membership** (non-voting)

Any person who has completed such a course of study but who has not been employed as a paralegal for at least six (6) months; or any person who has graduated from a two (2) year or four (4) year accredited educational institution but does not possess a paralegal certificate or degree; any person who has at least one (1) year work experience as a paralegal but does not possess a paralegal certificate or degree; or, any person who is retired from the paralegal profession.

_____ **\$45 Student Membership** (non-voting)

Any person enrolled in a legal assistant studies program leading to receipt of a paralegal certificate or degree.

_____ **\$100 Sustaining Membership** (non-voting)

Any firm, association, corporation, educational institution or other entity interested in supporting the objectives and purposes of the Association. Unlimited amount of individuals are allowed under this classification from respective paying firm, association, corporation, educational institution or other entity.

Please be advised that the CCPA currently absorbs a percentage of the dues charged by the National Federal of Paralegal Associations (NFPA). The actual fee per member for NFPA membership is \$30 per full/associate member, and \$25 per student member. The CCPA has agreed to absorb \$15 of the dues for 2019, as was provided in 2018. The CCPA is advising its members that it may not be subsidizing these dues in the 2020 year.

_____ **I will not be renewing my membership.**

Please make your check payable to the **Chester County Paralegal Association** and return it along with this completed Membership Renewal Form by **January 31, 2019 to CCPA MEMBERSHIP CHAIR, PO Box 295, West Chester, PA 19381-0295.**

Please complete the attached Membership Directory Information form providing at least one email address to assure you receive communications from the CCPA Board. If you list both a personal and work email, indicate at which address you would like to receive these communications. The Membership Directory will be updated for 2019 and we would like to have current information for all members. **Please also complete the brief survey so that the CCPA can consider ideas and suggestions from everyone for the coming year.**

We welcome your thoughts, ideas, comments and most importantly your participation in the CCPA.

Please contact us if you have any questions. Thank you.

Ann Marie Romani
Membership Chair
aromani@macelree.com

FOR OFFICE USE:
Rec'd: _____
Pd. by: _____

**CHESTER COUNTY PARALEGAL ASSOCIATION
MEMBERSHIP DIRECTORY INFORMATION FOR 2019**

Name: _____
Business: _____
Address: _____
Telephone: _____
E-mail: _____

Employer: _____
Personal: _____
Address: _____
Telephone: _____
E-mail: _____

* Please indicate your preferred contact information

Specialty areas of law (if any): _____

Are you interested in:

- _____ **Submitting articles to the Association's newsletter?**
- _____ **Serving as an officer in the Association?**
- _____ **Serving on the following committees:**

- _____ **Continuing Legal Education**
- _____ **Newsletter**
- _____ **Publicity**
- _____ **Job Bank**

- _____ **Membership**
- _____ **Pro Bono**
- _____ **Fundraising**
- _____ **NFPA**

SURVEY

Please indicate your ideas and suggestions for the CCPA programs/activities which you would like to see offered:

CLE Programs: _____

Topics or Speakers: _____

Charitable/Community: _____

Outreach Ideas: _____

Other: _____

The CCPA would like to publish a Membership Directory to be circulated to all of our members. Please indicate your consent to disclosure your contact information in the directory:

In what way(s) would you be willing to volunteer/assist in the CCPA? _____
