OREGON PARALEGAL ASSOCIATION
Member of the National Federation of Paralegal Associations, Inc.
Oregon Paralegal Association is a 501(c)(6) professional organization
P.O. Box 8523, Portland, OR 97207
www.oregonparalegals.org

MEMBERSHIP APPLICATION
May 1, 2011 to April 30, 2012

New Member **___ Renewal**

Mail to: ___ Office Home Opt Out (no email/mailings)

Name:_____
First *Last* (CLA, RP, etc.)

Mailing Address:_____

Email:_____

Alt. Email:_____

City, State, Zip:_____

Contact Phone:_____

Education/Degree:_____

Employer:_____

Years in Legal Field:_____

Would you like a Mentor? Yes ___No
Would you like to *be* a Mentor? ___ Yes No

NO please do not include my contact information in the Membership Directory

Please indicate which Specialties you practice in and your interest in Committee(s).

__ General Litigation	__ Insurance Defense	Personal Injury	Construction Defect	Corporate
Product Liability	Medical Malpractice	Intellectual Property	Environmental	__ Debtor/Creditor
Family Law	Probate/Estate Planning	Real Estate	Criminal Law	Membership
__ Annual Meeting	__ Annual Survey	__ Job Bank	__ Litigation Specialty Group	__ PACE Exam
__ Masters Section	Mentor/Mentee	NFPA National Affairs	Nominations & Elections	Public Relations
__ Program (CLE)	__ Pro Bono	__ South of Portland Paralegals	__ SW Washington Chapter	__ Website

OPA MEMBERSHIP DUES **May 1, 2011 – April 30, 2012**	
___ Regular	$85
Public Sector	$55
Associate	$45
Student	$40
___ Sustaining	$160
November 1, 2011 – April 30, 2012 **(reduced rate for partial year)**	
___ Regular	$62.50
___ Public Sector	$47.50
___ Associate	$42.50
___ Student	$37.50

OPA MEMBERSHIP COMMITTEE USE ONLY

Received_____

Approved_____

Amount Paid_____

MEMBERSHIP CATEGORIES

REGULAR membership is for paralegals practicing under the supervision of an attorney. Regular members are voting members of OPA.

PUBLIC SECTOR membership is for paralegals practicing under the supervision of an attorney and who are employed by an agency, clinic, or office that provides services primarily in the public interest or to low-income and/or indigent clients. Public Sector members are voting members of OPA.

ASSOCIATE membership is for those not currently practicing as paralegals but who have been in the past, are graduates of a paralegal training program, or are interested in becoming a paralegal and do not qualify for regular or public sector membership. Associate members are non-voting members.

STUDENT membership is for members enrolled in a paralegal program and considered full-time or part-time students, as defined by the educational program in which they are enrolled. Student members are non-voting members of OPA and are not eligible to hold elective office or chair a committee.

SUSTAINING membership is for any individual, law firm, organization, institution, or other entity interested in supporting the purposes and goals of the paralegal profession and OPA. Sustaining members are non-voting members of OPA and are not eligible to hold elective office.

ATTESTATION

I am a practicing paralegal as described herein and hereby apply for **REGULAR** membership.

I am a practicing paralegal as described herein and hereby apply for **PUBLIC SECTOR** membership.

I am *not* a practicing paralegal as described herein, but have been in the past, have completed a paralegal training program, or am interested in becoming a paralegal and hereby apply for **ASSOCIATE** membership.

I am *not* a practicing paralegal as described herein but am currently enrolled as a student in a paralegal training program and hereby apply for **STUDENT** membership. *Name of school:*_____

___ I am *not* a practicing paralegal as described herein but am interested in supporting the purposes and goals of the paralegal profession and OPA, and hereby apply for **SUSTAINING** membership.

_____
Signature **Date**