

NAME: _____

EMPLOYER: _____

ADDRESS: (W) _____

(H) _____

WORK PHONE: _____ HOME PHONE: _____

EMAIL: _____ BIRTHDAY (month/year) _____

SPECIALTY AREA(S): _____

MEMBERSHIP STATUS:

_____ Active: \$75.00

_____ Associate/Sustaining: 75.00

_____ Student: \$15.00 Expected Graduation Date: _____

(Note: If you have graduated, please fill out Active Membership Application.)

COMMITTEES: PLEASE SIGN UP FOR A MINIMUM OF ONE:

_____ Seminars/Legal Education

_____ Scholarship

_____ Law Week

_____ Publications

_____ Brochure

_____ Speakers' Bureau

_____ Bar Liaison

_____ Public Relations

_____ Job Bank

_____ Social

_____ Mentor

_____ Pro Bono/Charity

_____ Sunshine

ANY COMMENTS: _____

Please return completed form along with dues to:
South Carolina Upstate Paralegal Association.
PO Box 10491
Greenville, South Carolina 29603
Attention: Membership Vice-President