



MEMBERSHIP APPLICATION

ACTIVE MEMBER. Active membership is open to any individual who meets at least one of the following qualifications. This is the only membership classification which carries full voting privileges. Active members are also the only SCUPA members who may serve as association officers or committee chairmen.

QUALIFICATIONS:

1. Any individual who has successfully completed the Certified Paralegal (CP) examination of NALA, or
2. Any individual who has graduated from an ABA approved program of study for Paralegals, or
3. Any individual who has graduated from a course of study for Paralegals which is institutionally accredited but not ABA approved, and which requires not less than the equivalent of 60 semester hours of classroom study, or
4. Any individual who has graduated from a course of study for Paralegals other than those set forth in 2 and 3 above, plus not less than six months of in-house training as a Paralegal, whose attorney-employer attests that such person is qualified as a Paralegal, or
5. Any individual who has received a baccalaureate degree in any field, plus not less than six months in-house training as a Paralegal, whose attorney-employer attests that such person is qualified as a Paralegal, or
6. Any individual who has a minimum of three (3) years of law-related experience under the supervision of an attorney, including at least six months of in-house training as a Paralegal, whose attorney-employer attests that such person is qualified as a Paralegal, or
7. Any individual who has a minimum of two-years of in-house training as a Paralegal, whose attorney-employer attests that such person is qualified as a Paralegal.

ASSOCIATE MEMBER. Associate membership is open to any individual who meets at least one of the following qualifications.

1. Those members of the Bar Association endorsing the Paralegal concept or involved in the promotion of the Paralegal profession, or
2. Those members of the education field endorsing the Paralegal concept or involved in the promotion of the Paralegal profession, or
3. Those persons directly involved in the supervision of Paralegals.

STUDENT MEMBER. Student membership is open to any individual who is a full-time student in good standing in any college, junior college or other school pursuing a course of study as a Paralegal. A full-time student shall be defined as one enrolled for a minimum of 12 semester hours or equivalent or who is taking all Paralegal courses offered provided the individual is not employed as a Paralegal.

SUSTAINING MEMBER. Sustaining membership is available to those individuals, law firms, corporations, and Paralegal program representatives who endorse the Paralegal concept or are actively involved in the promotion of the Paralegal profession who contribute annual dues or any amount in excess of those dues.

Please return completed form along with dues to:

South Carolina Upstate Paralegal Association.
P.O. Box 10491
Greenville, South Carolina 29603
Attention: Membership Vice-President



DUES STRUCTURE:

First year’s dues must accompany application form. Thereafter, dues are payable in the month of January.

Active/Associate/Sustaining Members: \$75.00 annually (If application is submitted after July 1, dues are \$37.50 for the remainder of that year and then \$75.00 for each year after that. Reduced rate is only available one time.)

Student Members: \$15.00 annually. (If application is submitted after July 1, \$15.00 dues will cover the remainder of that year and the following calendar year. Reduced rate is only available one time.)

ALL ACTIVE AND STUDENT MEMBERSHIP APPLICANTS MUST ATTACH A CURRENT RESUME

TO BE COMPLETED BY ALL APPLICANTS

I hereby apply for ____ Active ____ Associate ____ Student ____ Sustaining (SELECT ONE) membership in the South Carolina Upstate Paralegal Association. I agree to be bound by the Code of Ethics and Professional Responsibility and the Bylaws as adopted by the South Carolina Upstate Paralegal Association as an affiliate of the National Association of Legal Assistants, Inc.

I further understand that this application is subject to approval by the South Carolina Upstate Paralegal Association.

Date _____ Signature: _____

ACTIVE MEMBERSHIP APPLICATION

Name: _____ Preferred Phone: _____

Home Address: _____

Employer _____ Office Phone: _____

Business Address: _____

Birthday (MM/DD): _____ Preferred Email: _____

How long have you been employed as a Paralegal? _____ years/months (Circle One)

Do you have a Degree? ___ Yes ___ No If Yes, what type? ___ Associate’s ___ Baccalaureate ___ Graduate (Select all that apply)

Please tell us the name of any formal or special education (name and address of school) or training you have received for your present position: _____

Date of graduation: _____ If you have obtained your CP, date certified: _____

My employer is a ____ Private Law Office ____ Corporate Law Department ____ Other

(If Other, Please Describe) _____

Specialty Area(s): _____

Please circle which qualification number for Active Membership you are applying under. See Page 1 of this Membership Application.

1 2 3 4 5 6 7

ATTORNEY/EMPLOYER ATTESTATION.

Note: This section must be completed by all applicants qualifying under requirements numbered 4, 5, 6, and 7.

I hereby attest that _____ is employed by me and meets the qualifications for active membership in the South Carolina Upstate Paralegal Association as listed under requirement number _____.

Date _____

Name (Please Print) _____

Signature: _____

STUDENT MEMBERSHIP APPLICATION.

Name: _____ Preferred Phone: _____

Mailing Address: _____

School Attending: _____ Expected Date of Graduation: _____

Email: _____ Date of Birth: _____ (MM/DD)

SCHOOL ATTESTATION.

Note: This section must be completed by all student applicants and must be completed by school program director or instructor.

I hereby attest that _____ is currently enrolled in the Paralegal course at this school and is not employed as a Paralegal.

Date: _____

Name (Please Print): _____

Signature: _____

Title: _____

ALL ACTIVE AND STUDENT MEMBERSHIP APPLICANTS MUST ATTACH A CURRENT RESUME



MEMBERSHIP PROFILE

NAME: _____

EMPLOYER OR SCHOOL: _____

EDUCATION: _____

STUDENTS: Expected Date of Graduation: _____

SPECIALTY AREA(S): _____

NO. OF YEARS WORKING AS A PARALEGAL: _____

NO. OF YEARS AS A MEMBER OF SCUPA: _____

COMMITTEES YOU MAY BE INTERESTED IN SERVING FOR SCUPA. PLEASE SELECT AT LEAST ONE.

- | | |
|---|---|
| <input type="checkbox"/> Seminars/Legal Education | <input type="checkbox"/> Scholarship |
| <input type="checkbox"/> Law Week | <input type="checkbox"/> Publications |
| <input type="checkbox"/> Brochure | <input type="checkbox"/> Speakers' Bureau |
| <input type="checkbox"/> Bar Liaison | <input type="checkbox"/> Public Relations |
| <input type="checkbox"/> Job Bank | <input type="checkbox"/> Sunshine/Social |
| <input type="checkbox"/> Mentor | <input type="checkbox"/> Pro Bono/Charity |

WOULD YOU BE INTERESTED IN SPEAKING AT ONE OF OUR SCUPA MEETINGS?

YES NO MAYBE

TOPIC(S): _____

IS THERE SOMEONE YOU KNOW WHO MAY BE INTERESTED IN SPEAKING AT ONE OF OUR SCUPA MEETINGS?

YES NO MAYBE

NAME: _____

PHONE: _____

TOPIC(S): _____

ADDITIONAL COMMENTS: _____

PLEASE RETURN WITH COMPLETED MEMBERSHIP APPLICATION AND DUES PAYMENT.