



MEMBERSHIP RENEWAL APPLICATION

This is for renewal applications ONLY.

Name / Business Name: _____ Telephone: _____

Home Address: _____

Business Address: _____

Employer _____ Office Phone: _____

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

Specialty Area(s): _____

MEMBERSHIP STATUS:

_____ ACTIVE \$75.00

_____ STUDENT \$25.00 Expected Graduation Date: _____

(Note: If you have graduated since your last Dues were paid, please fill out the new Membership Application and select ACTIVE membership)

_____ SUSTAINING \$75.00

_____ CORPORATE \$150.00

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

_____ Seminars/Legal Education

_____ Law Week

_____ Brochure

_____ Bar Liaison

_____ Job Bank

_____ Mentor

_____ Scholarship

_____ Publications

_____ Speakers' Bureau

_____ Public Relations

_____ Sunshine/Social

_____ Pro Bono/Charity

Date: _____

Name (Please Print): _____

Signature: _____

Title: _____

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