



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
ORGANIZATION

Name of Organization: _____

- SMALL (1-3 individuals) \$200.00
MEDIUM (4-7 individuals) \$475.00
LARGE (8-12 individuals) \$750.00
OTHER - CONTACT VP MEMBERSHIP AT MEMBERSHIP@SCUPA.ORG

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

As South Carolina Upstate Paralegal Association ("SCUPA") is a 501(c)(6) non-profit organization, all payment processing fees are critical to maintaining our accounting balances, including fees for non-sufficient funds ("NSF"). When you make a payment by check, you authorize SCUPA to use your checking information to make a one-time electronic fund transfer from your bank account. Funds may be withdrawn from your bank account the same day we receive your payment, and up to 2 weeks after receipt. If there are insufficient funds in your checking account, SCUPA is charged a \$25 fee, in addition to the original amount owed to SCUPA. Your payment by check also authorizes SCUPA to recover the \$25 NSF fee from your bank account or by other means. Each returned payment received by SCUPA will be electronically represented to the presenter's bank no more than two times in an effort to obtain payment. SCUPA is not responsible for any additional bank fees that will accrue due to the resubmission of the returned item.

I further understand that SCUPA is not responsible for any additional bank fees that may accrue due to the resubmission of payment.

Name (Please Print): _____

Signature: _____

Date: _____

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