



**AMERICAN ALLIANCE OF PARALEGALS, INC.
("AMERICAN ALLIANCE")**

**ADVANCING THE PARALEGAL PROFESSION BY
FOCUSING ON THE INDIVIDUAL PARALEGAL**

MEMBERSHIP APPLICATION

Name: _____ Practice area: _____

Employer name: _____

Employer address: _____

Your home address _____

Work telephone: _____ Home telephone _____ Fax _____

E-mail: _____

Where do you wish to receive your mail? _____ Employer _____ Home address

In order to be a Voting Member of the American Alliance, you must meet at least one of the following criteria. Please check the appropriate box:

- _____ Bachelor's degree and two years paralegal experience
- _____ Bachelor's degree and a two-year paralegal certificate
- _____ An associate's degree, a two-year paralegal certificate, and two years paralegal experience
- _____ An associate's degree and four years paralegal experience
- _____ A paralegal certificate and six years of paralegal experience

If you do not meet the above criteria, you may join the American Alliance as an associate member. Sustaining membership is also available (law firms, educators, corporations, etc.). Sponsors and vendors may join the American Alliance.

Check the following, as it applies to you.

- _____ Voting Member - \$20.00/year
- _____ Associate member - \$20.00/year (non-voting)
- _____ Sustaining member - \$50.00/year (non-voting)
- _____ Sponsor/vendor - \$200.00/year (non-voting)

Please make your check or money order payable to: American Alliance of Paralegals, Inc.

Professional certifications, check all that apply: AACP _____ RP _____ CLA/CP _____ CLAS _____

What can the American Alliance do to meet your needs as a legal professional? Please be specific. _____

I hereby affirm that the information stated above is true to the best of my knowledge and belief. I also affirm that I have not been convicted of a felony, that I am not a disbarred or suspended lawyer, that I am not incarcerated and that I have not been found to have engaged in the unauthorized practice of law.

Date: _____

Signature: _____

*Send this application, along with your check to AAPI, 4001 Kennett Pike, Suite 134-146, Wilmington, Delaware 19807-2000
Questions? Send your e-mail to: membership@aapipara.org*

(Internal use: membership no. _____)

Form M-104/2007

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