



MEMBERSHIP APPLICATION

Email: Massachusetts@paralegals.org website: www.massparalegal.org

NEW RENEWAL (PLEASE CHOOSE ONE)

NAME:	HOME/ALTERNATE ADDRESS:
FIRM/COMPANY NAME:	
ADDRESS:	
	ALTERNATE PHONE NUMBER:
CITY STATE ZIP:	
	ALTERNATE EMAIL ADDRESS:
BUSINESS PHONE:	
	ADDITIONAL CONTACT INFO:
BUSINESS E-MAIL:	

Send MPA email notifications and mailings to: Business: Home:

Your Firm/Company Paralegal Manager Name: _____

Email Address: _____

Approximate Number of Paralegals at your Firm/Company: _____

LENGTH OF PARALEGAL EMPLOYMENT:

student up to 1 year 1-3 years 3-6 years 6-10 years 10+ Years

EDUCATION Check highest level completed:

Masters:

Bachelors:

Associates:

Paralegal Certificate Program at:

Licenses, Registrations or Certifications (e.g., R.N., RP, CLA): _____

Geographic WORK Location:

BOSTON area

West

North Shore

Other: _____

South Shore

MEMBERSHIP DUES: (Your dues INCLUDE \$25 annual NFPA dues)

Voting: \$75.00 Associate \$60.00 Student: \$40.00

If you are a student, please indicate where you are studying for your degree/certificate:

_____ School Representative: _____

ATTESTATION:

- I am currently working as a paralegal and hereby apply for **Voting Membership**.
- I am *not currently* working as a paralegal, but have been in the past or, have completed a paralegal program and hereby apply for **Associate Membership**.
- I am currently a paralegal student and hereby apply for **Student Membership**.

Have you ever been convicted of a felony: Yes No if yes, please explain:

I agree to notify the MPA of any *change of address or change in my status* that would affect the category of membership applied for on this application. The MPA will not be responsible for email or mail that cannot be delivered due to member's change of address or email, if not received by the MPA office.

Signature: _____ Date: _____

The MPA is a Member Association of the National Federation of Paralegal Associations, Inc. (“NFPA”). By joining MPA, you automatically become a member of NFPA. Membership cards and information will be sent within 2-3 weeks of *receipt* of application.

MPA Federal ID # 04-2634163

Make checks payable to: MPA, Inc.

Mail to: Massachusetts Paralegal Association, Inc. • P.O. Box 425617, Cambridge, MA 02142

MPA USE ONLY

Check Number _____ Date Received _____ Amount _____