



# SMOKY MOUNTAIN PARALEGAL ASSOCIATION

*an Affiliate of the National Association of Legal Assistants, Inc.*

Post Office Box 445  
Knoxville, Tennessee 37901  
www.smparalegal.org

## RENEWAL APPLICATION FOR SUSTAINING MEMBERSHIP

(Payment due February 1)

Business Name: \_\_\_\_\_

Qualification:  Individual  Law Firm  Corporation  Paralegal Program

Contact Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact Phone No.: \_\_\_\_\_

Contact Email Address: \_\_\_\_\_

Website Address: \_\_\_\_\_

*I prefer SMPA mailings by U.S. Mail* \_\_\_\_\_ *Electronically* \_\_\_\_\_

Completed Application Form with payment should be mailed to the address above.

Sustaining Membership Dues: \$ 80.00  
Contribution: \$ \_\_\_\_\_  
Total Enclosed: \$ \_\_\_\_\_

If dues are not paid by March 1, your membership benefits will be suspended until your dues plus a \$15.00 late fee is received.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Applicant

*As a member of the Smoky Mountain Paralegal Association, you are bound by the NALA Code of Ethics and Professional Responsibility as adopted by SMPA*