



SMOKY MOUNTAIN PARALEGAL ASSOCIATION

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

Post Office Box 445

Knoxville, Tennessee 37901

www.smparalegal.org

NEW MEMBER APPLICATION FOR ASSOCIATE MEMBERSHIP

Associate Membership is open to any individual who would otherwise qualify under Numbers 4 and 5 of Active Membership, but has not yet received the minimum in-house training as a paralegal. Associate Members do not have voting privileges and may not serve as officers.

PERSONAL INFORMATION:

Full Name: _____

Residence Address: _____

City: _____ State: _____ Zip: _____

Home Phone No.: _____ Email Address: _____

Employer: _____

Office Mailing Address: _____

City: _____ State: _____ Zip: _____

Office Phone No.: _____ Office Email Address: _____

I prefer SMPA mailings by U.S. Mail _____ ***Electronically*** _____

Preferred mailing address: Home Address Office Address

Preferred email address: Home Email Office Email

Completed Application Form with payment should be mailed to the address above. All members are bound by the NALA Code of Ethics and Professional Responsibility adopted by Smoky Mountain Paralegal Association.

Associate Membership Dues: \$60.00 The year for SMPA is December 31 through January 1 of the following year. Please pro rate your dues for each month (including the month of application) until December 31 of the current year at \$5.00 per month. Renewal dues for the next year will be \$60.00 due on January 1.

Date

Signature of Applicant