



**MEMBERSHIP APPLICATION**

Email: [Massachusetts@paralegals.org](mailto:Massachusetts@paralegals.org) website: [www.massparalegal.org](http://www.massparalegal.org)

NEW     RENEWAL (PLEASE CHOOSE ONE)

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

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     Sustaining: \$150.00

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 \_\_\_\_\_