

Sequoia Paralegal Association (SPA)

P.O. Box 2483, Visalia, CA 93279

www.sequoiaparalegals.org

2022 MEMBERSHIP APPLICATION

Name: _____ Employer: _____

Work Address: _____ Work Phone: _____

Work E-Mail Address: _____

Personal Email: _____

(Notification of SPA business will be sent to your e-mail address(es).)

Primary Type/Areas of Practice: _____

Check type of membership desired and submit check for appropriate dues with this form to address that appears on the top of this page.

- \$40 Paralegal Voting Membership** [For persons employed as a paralegal as defined in California Business & Professions Code, Section 6450, working under the supervision of an attorney.]
- \$35 Non-Attorney Associate Membership** [For persons who do not qualify as a voting member, such as legal document preparer, legal secretary, or legal administrator.]
- \$55 Attorney Associate Membership** [For an attorney that is an active member of the State Bar of California.]
- \$0 Student Membership** [For persons currently enrolled in a paralegal program. Please state the name of the paralegal program/school which you attend _____.]
- \$70 Sustaining Membership** [For any person, business, school, or other entity interested in supporting and sponsoring the goals of SPA.]

STATEMENT OF APPLICANT

(Paralegals Only) Be advised that under California law, all paralegals must attend continuing education courses as specified in Business & Professions Code, Section 6450(d). I certify that I am in compliance with the requirements of Business & Professions Code, Section 6450(d).

Date: _____ Signed: _____

Official Use Only

Payment method:

Cash \$ _____

Check Amount \$ _____ No. _____