



**APPLICATION FOR NEW MEMBERSHIP**

**OCTOBER 1, 2019-SEPTEMBER 30, 2020**

Name \_\_\_\_\_ Telephone (\_\_\_\_\_) \_\_\_\_\_  
Address: \_\_\_\_\_  
(street) (city/state) (zip)  
Email: \_\_\_\_\_ Birthday \_\_\_\_\_  
(All communications will be sent to you via EMAIL) (month/day)

Employer (or school if a student): \_\_\_\_\_  
Work/School Address: \_\_\_\_\_  
Area of Specialty: \_\_\_\_\_

I hereby apply for membership in the Ventura County Paralegal Association, Inc. (VCPA) for the fiscal year beginning October 1, 2019 through September 30, 2020, as an:

( ) Active/Voting Member\* \$40 ( ) Associate Member \$ 40 ( ) Student Member\*\* \$30 ( ) Sustaining Member \$125

Have you ever been convicted of a felony? \_\_\_\_\_ How did you become acquainted with VCPA? \_\_\_\_\_

**Please circle any committee that interests you:**

Fund Raising - Historian - CLA/CP Workshop - Employment - Law Day/5K Run - Education/Scholarship - Newsletter  
Publicity - Seminars/Workshops - Website - Wine Tasting/Silent Auction - Recruiting Sponsors

I agree to be bound by the Code of Ethics and Professional Responsibility of the National Association of Legal Assistants and the California Alliance of Paralegal Associations and the Bylaws of VCPA, as adopted. I further understand that this application is subject to approval by the Board of Directors of VCPA

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

**TO BE COMPLETED BY APPLICANTS FOR ACTIVE OR ASSOCIATE MEMBERSHIP**

Area of practice of special interest: \_\_\_\_\_ Period employed as a paralegal: \_\_\_\_\_  
Description of duties or business: \_\_\_\_\_  
Name/Title of immediate supervisor: \_\_\_\_\_ Period in the legal field \_\_\_\_\_  
Formal/specialized education (name and address of school) or specific training for present position: \_\_\_\_\_  
Degrees/Certificates Earned: \_\_\_\_\_ Dates of Completion: \_\_\_\_\_  
Current Professional/Business organizational memberships: \_\_\_\_\_

**ATTORNEY-EMPLOYER ATTESTATION**

*\*Must be completed if applying for active membership and has no certificate of completion from a paralegal program approved by the American Bar Assoc., as referenced in Business & Professions Code §6450.*

I hereby attest that \_\_\_\_\_ has a baccalaureate degree or an advanced degree and a minimum of 1 year of law-related experience under the supervision of an attorney.

I hereby attest that \_\_\_\_\_ has a high school diploma and has a minimum of 3 years of law-related experience under the supervision of attorney not later than 12/31/2003.

This applicant is a paralegal and performs paralegal tasks, under the direction and supervision of an attorney, including, but not limited to, case planning, development and management; legal research; interviewing clients; fact gathering and retrieving information; drafting and analyzing legal documents; collecting, compiling, and utilizing technical information to make an independent decision and recommendation to the supervising attorney.

I further attest that applicant's ethical and professional conduct is above reproach, and that I would recommend applicant for membership in VCPA.

Dated: \_\_\_\_\_  
Signature of Attorney

**\*\*TO BE COMPLETED BY APPLICANTS FOR STUDENT MEMBERSHIP**

Current school \_\_\_\_\_

Address \_\_\_\_\_

Courses enrolled in \_\_\_\_\_

Expected completion date \_\_\_\_\_

Either attach proof of enrollment or obtain the signature of your instructor:

Dated: \_\_\_\_\_

Instructor's Signature

Annual dues for active and associate member are \$40; student membership is \$30; and sustaining membership is \$125. Please mail your completed application and check to VCPA, P.O. Box 24229, Ventura, CA 93002, Attn. 2nd Vice-President/Membership. If you have questions, please write to us at this address or visit the VCPA website at: [www.vcparalegal.org](http://www.vcparalegal.org).