



2012 MEMBERSHIP APPLICATION

REGULAR membership is open to any person who is: (1) an Illinois resident employed as a paralegal on a full-time basis in the State of Illinois; or (2) a non-Illinois resident employed as a paralegal on a full-time basis in the State of Illinois; or (3) an Illinois resident employed as a paralegal on a full-time basis in any State contiguous to Illinois. *Regular Membership is \$65.00*

STUDENT membership is open to (1) any Illinois resident who is enrolled in a formal course of paralegal study from an accredited institution in pursuit of a certificate or degree and is not working as a paralegal; or (2) to any non-Illinois resident residing in a state contiguous to Illinois, and who is also enrolled in a formal course of paralegal study from an accredited institution in Illinois in pursuit of a certificate or degree and is not working as a paralegal. *Student Membership is \$40.00 (Please list name of School)*

ASSOCIATE membership is open to (1) any person employed as a paralegal on a part-time basis in the State of Illinois; or (2) any person formerly employed as a paralegal; or (3) any graduate of a formal course of paralegal study from an accredited institution who is seeking a paralegal position. *Associate Membership is \$55.00*

SUSTAINING membership is open to any person, law firm, business, educational institution or other organization interested in furthering the purposes of the Association. *Sustaining Membership is \$95.00*

Definition: A paralegal is a person qualified through education, training, or work experience to perform substantive legal work that requires knowledge of legal concepts and that is customarily, but not exclusively, performed by an attorney. This person is retained/employed by an attorney, law office, governmental agency, or other entity under the supervisory authority of an attorney; or is authorized by governmental administrative agency or statutory or court authority to perform this work.

First Name _____ Middle Initial _____ Last _____

Employer (if applicable) _____ Home Address _____

Work Street Address _____ Home City, State, Zip _____

Work City, State, Zip _____ Home Telephone # _____

Work Telephone # _____ E-mail Address _____

- New member Renewal
- I have at least five years of paralegal experience.
- The board of directors occasionally approves the release of IPA's mailing list to outside vendors. NFPA also releases the mailing list to outside vendors. Please indicate if you would like your name withheld from such distributions.

All IPA publications are only distributed via email and can also be read online. Please make sure that the IPA office has your correct email address.

ADDRESS INFORMATION		
	Business	Residence
For occasional IPA mailings	<input type="checkbox"/>	<input type="checkbox"/>
For online membership listing	<input type="checkbox"/>	<input type="checkbox"/>

(If you wish to be listed online, at least ONE box must be checked)

AREAS OF PRACTICE SPECIALIZATION (check applicable areas)

- | | | | | |
|---|---|---|--|---------------------------------------|
| <input type="checkbox"/> Bankruptcy | <input type="checkbox"/> Estates and Trusts | <input type="checkbox"/> Immigration | <input type="checkbox"/> Litigation | <input type="checkbox"/> Workers Comp |
| <input type="checkbox"/> Commercial Finance | <input type="checkbox"/> Family | <input type="checkbox"/> Information Technology | <input type="checkbox"/> Medical Malpractice | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Corporate | <input type="checkbox"/> Freelance | <input type="checkbox"/> Insurance | <input type="checkbox"/> Real Estate | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Employee Benefits | <input type="checkbox"/> General | <input type="checkbox"/> Intellectual Property | <input type="checkbox"/> Securities | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Environmental | <input type="checkbox"/> Health | <input type="checkbox"/> Labor/Employment | <input type="checkbox"/> Tax | <input type="checkbox"/> Other _____ |

GEOGRAPHIC LOCATION OF HOME ADDRESS

- | | | | | |
|---|---|---|--|------------------------------------|
| <input type="checkbox"/> Chicago | <input type="checkbox"/> Northwest Suburban | <input type="checkbox"/> South Suburban | <input type="checkbox"/> Central Illinois | <input type="checkbox"/> Wisconsin |
| <input type="checkbox"/> North Suburban | <input type="checkbox"/> West Suburban | <input type="checkbox"/> Far South Suburban | <input type="checkbox"/> Southern Illinois | <input type="checkbox"/> Indiana |

I hereby certify that I meet the criteria of the membership class and the definition of a paralegal. I affirm that I am not a disbarred or suspended attorney, and that I have not been found to have engaged in the unauthorized practice of law. Further, I understand that once approved as a member of IPA, I am subject to all of the provisions contained in the IPA's Illinois Code of Paralegal Ethics.

Signature _____ Date _____

Dues are assessed on a calendar year basis. Membership of those joining after November 1 shall extend through the end of the next calendar year. IPA is a 501(c)(6) tax-exempt organization. Contributions or gifts to IPA are not deductible as charitable contributions for federal income tax purposes. Dues payments may be deductible as a business expense. Illinois Paralegal Association members are also members of NFPA; a portion of your dues is forwarded to NFPA on your behalf.

Mail a check or money order to the Post Office box. Or, for credit card payment, complete portion below and, fax your application to 815/462-4696.

- Visa MasterCard Discover American Express

Name on Card _____ Signature _____

Card Number _____ Expiration _____ Security Code _____

Billing Address _____ Billing City _____ Billing State _____ Billing Zip _____

REFERRED BY: _____