



MEMBERSHIP APPLICATION / STATUS CHANGE

- New Member Renewing Member NALA Member

PERSONAL INFORMATION

Name: _____
 Home Address: _____

 Phone: _____
 Cell: _____
 Email: _____

EMPLOYMENT INFORMATION

Employer: _____
 Address: _____

 Phone: _____
 Cell: _____
 Email: _____

EDUCATION

- | | |
|--|--|
| <input type="checkbox"/> _____
Specialty (if any) | <input type="checkbox"/> _____
Paralegal School / Location |
| <input type="checkbox"/> _____
College / Degree | <input type="checkbox"/> _____
Graduation Date (certificate received/anticipated) |

May we publish the above information in our membership directory? Yes No

How did you hear about ICAP? _____

- I would like to receive the ICAP newsletter at my business E-Mail address.
 I would like information on serving on a committee. (This is not a requirement of membership)

Please indicate your area(s) of interest: _____

MEMBERSHIP CATEGORIES

There are four categories of membership in ICAP described as follows:

- Regular Member:** \$65 annually. A regular member is a paralegal who fulfills the minimum qualifications for paralegal pursuant to Business and Professions Code §6450, et seq. Only Regular Members of ICAP shall vote, and each Regular Member shall be entitled to cast only one (1) vote.
- Associate Member:** \$65 annually. Non-voting. An Associate Member is employed by a licensed attorney but has not achieved the minimum standards set forth in Business and Professions Code §6450, et seq.
- Student Member:** \$45 annually. Non-voting. A student member is a student currently enrolled in a paralegal certificate program.
- Sustaining Member:** \$65 annually. Non-voting. A sustaining member is any person, law firm, corporation, institution or entity interested in promoting the paralegal profession and supporting the goals of ICAP.

I hereby agree to be bound by NALA's Code of Ethics and Professional Responsibility and any other code so adopted by this Association. I further certify that I qualify for membership and meet the requirements of my chosen membership category.

Signature

Date

Return the application, together with your check made payable to ICAP to:
 ICAP Membership • P.O. Box 143 • Riverside, CA 92502-0143