

**RHODE ISLAND PARALEGAL ASSOCIATION
2017-2018 MEMBERSHIP APPLICATION**

RIPA Membership Year is from July 1st through June 30th
Send your Application and Check payable to RIPA to:
RIPA, P.O. Box 1003, Providence, RI 02901
WWW.RIPARALEGALS.ORG

Check one: NEW: _____ RENEWAL: _____

Name:	
Home Address:	
Employer:	
Office Address:	
Job Title/Practice:	
Preferred Email:	
Preferred Phone:	

CHECK MEMBERSHIP CATEGORY: \$ _____ Dues Enclosed

Voting Member: (\$60.00) Please check which category below applies to you:

- _____ Bachelor's Degree in Paralegal Studies plus one year minimum employment as a paralegal;
- _____ Bachelor's Degree in any subject plus two years minimum employment as a paralegal;
- _____ Associate's Degree in Paralegal Studies plus two years minimum employment as a paralegal;
- _____ Associate's Degree in any subject plus three years minimum employment as a paralegal;
- _____ Certificate in Paralegal Studies plus two years minimum employment as a paralegal; or
- _____ Five or more years of employment as a paralegal (degree not a prerequisite)

Non-Voting Member: (\$50.00) Please check which category below applies to you:

- _____ Bachelor's Degree in Paralegal Studies but less than one year employment as a paralegal;
- _____ Bachelor's Degree in any subject but less than two years minimum employment as a paralegal;
- _____ Associate's Degree in Paralegal Studies but less than two years employment as a paralegal;
- _____ Associate's Degree in any subject but less than three years employment as a paralegal;
- _____ Certificate in Paralegal Studies but less than two years employment as a paralegal; or
- _____ Less than five years employment as a paralegal (degree not a prerequisite);
- _____ **Student Member: (\$40.00)** — Must either be a student currently enrolled in a program leading to a Bachelor's Degree, an Associate's Degree or a Certificate in Paralegal Studies.
- _____ **Sustaining Member: (\$100.00)** — Corporations, law firms, colleges/universities.

Membership in RIPA includes membership in the National Federation of Paralegal Associations (NFPA).

- Have you ever been convicted of a crime? Yes _____ No _____ If yes, please attach a statement of explanation.
- Check here if you do NOT want your name on a mailing list which the RIPA Board or NFPA may make available to vendors of legal related products/services: _____
- Check here if you do NOT want your name included in the membership directory on RIPA's website RIPARALEGALS.ORG: _____
- I would like to volunteer on the following committee(s): _____

Publications _____ Education _____ Job Bank _____ Membership _____ Programs _____
Policy & Issues _____ Pro Bono _____ Public Relations _____

I understand that this application does not constitute automatic membership in the RIPA, I am aware that this application will be reviewed by the Membership Committee and the Board of Directors. I hereby certify that the information provided in this application is true and that I meet the RIPA's requirements for membership. I agree to notify the RIPA of any change of address or change in my status that would affect the category of membership applied for on this application.

Signature: _____ Date: _____