



# 2020 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 \$85.00*

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 \$70.00*

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 \$50.00 (Please list name of School)* \_\_\_\_\_

EMERITUS membership is open to a Regular Member who has been in good standing for at least the preceding five consecutive years and is no longer engaged in the paralegal profession, provided that he/she (1) retired from the paralegal profession; or (2) is disabled or handicapped such that he/she is no longer engaged in the paralegal profession. Emeritus members may attend meetings of the members and directors, may serve on committees, and will receive, via e-mail, all of the Corporation's publications, but shall be excluded from voting, from holding elected office and from appointment as committee chairpersons. *Emeritus Membership is \$50.00*

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 \$175.00*

First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_ Last \_\_\_\_\_

### PLEASE ENTER YOUR PREFERRED MAILING ADDRESS:

Employer (if applicable) \_\_\_\_\_

Address \_\_\_\_\_ Apartment/Suite Number \_\_\_\_\_

City, State, Zip \_\_\_\_\_ Telephone # \_\_\_\_\_

E-mail Address \_\_\_\_\_

#### AREAS OF PRACTICE SPECIALIZATION/INTERESTS (check applicable areas)

- |   |   |   |   |   |
|---|---|---|---|---|
| <input type="checkbox"/> Bankruptcy                   | <input type="checkbox"/> Elder Law          | <input type="checkbox"/> Healthcare             | <input type="checkbox"/> Intellectual Property    | <input type="checkbox"/> Real Estate                                      |
| <input type="checkbox"/> Commercial Finance           | <input type="checkbox"/> Estates and Trusts | <input type="checkbox"/> Immigration            | <input type="checkbox"/> Litigation               | <input type="checkbox"/> Securities/Tax                                   |
| <input type="checkbox"/> Corporate                    | <input type="checkbox"/> Family Law         | <input type="checkbox"/> Information Technology | <input type="checkbox"/> Pro Bono                 | <input type="checkbox"/> Senior Paralegal (5+ years)                      |
| <input type="checkbox"/> Diversity, Inclusion, Equity | <input type="checkbox"/> Freelance          | <input type="checkbox"/> In-House Paralegal     | <input type="checkbox"/> Professional Development | <input type="checkbox"/> Workers Comp/Personal Injury/Medical Malpractice |

***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 received during the months of August, September, and October will be held until after October 1<sup>st</sup> for the following calendar year. Those new members who join during this time can still attend the Fall Education Conference at the member rate. Illinois Paralegal Association members are also members of NFPA; a portion of your dues is forwarded to NFPA on your behalf. NFPA will not be notified of your new membership until after January 1<sup>st</sup> if you join the IPA after August 1<sup>st</sup> for the following 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.

***Mail a check or money order to the Post Office box. Or, complete portion below and email your application to [IPA@ipaonline.org](mailto:IPA@ipaonline.org).***

- Visa       MasterCard       Discover       American Express

Name on Card \_\_\_\_\_ Signature \_\_\_\_\_

Card Number \_\_\_\_\_ Expiration \_\_\_\_\_ Security Code \_\_\_\_\_

Billing Address \_\_\_\_\_ Billing City \_\_\_\_\_ Billing State \_\_\_\_\_ Billing Zip \_\_\_\_\_

REFERRED BY: \_\_\_\_\_