



PARALEGAL APPLICATION FOR MEMBERSHIP

Personal Information

Name _____

Firm _____

Address _____

City _____ State _____ Zip _____

Office Phone _____ Fax _____

Mobile (optional) _____ County _____

E-Mail (Required) _____

Are you a certified Legal Assistant/Paralegal (CLA) (CP) (ACP)? _____ Yes _____ No

If yes, date certified: _____

How long have you been employed as a legal assistant/paralegal? _____

Total years of legal experience: _____

Are you interested in serving as a coordinator in your region or volunteering time to the Paralegal Division?

_____ Yes _____ No

Practice Information

Please list names of employers and date of employment for the past three years:

Name: _____ Dates: _____

Name: _____ Dates: _____

Name: _____ Dates: _____

Please list your primary areas of practice: _____

Membership Categories

Must be employed by WVAJ member attorney

- | | | |
|--------------------------|-------------------|------|
| <input type="checkbox"/> | Paralegal Student | \$25 |
| <input type="checkbox"/> | 0-5 Years | \$50 |
| <input type="checkbox"/> | More than 5 Years | \$70 |

Membership Certifications

Legal Assistant Certification (Must be initialed by all legal assistant applicants.)

_____ I am currently employed by a member in good standing of the West Virginia Association for Justice. I have successfully completed a curriculum of training as a legal assistant or my attorney/employer attests that I have qualified by training or experience.

_____ I certify that my practice—and the practice of the firm with which I am affiliated—does not include the defense of personal injury claims, wrongful death claims, workers compensation claims and/or the representation of other interests adverse to consumers, workers and the mission of the West Virginia Association for Justice.

Applicant Signature _____ Date _____

All membership applications are subject to the review of the WVAJ steering committee and/or executive committee practicing in your county and/or circuit court district.