



Central Coast Paralegal Association

Membership Form- 2022

Please Check One

Renewing Member

New Member

Personal Information - *if for any reason the following information changes, please contact info@ccpaslo.org.

First Name

Last Name

Employer (if any)

Phone Number

Email

Disclaimer: Information given on application will appear on membership directory. If you would like to opt out of the above information being given, please check this box.

By checking this box, you agree that only your name and employer (if any) will appear in the directory and none of your contact information will be shown.

***if you have any questions regarding your information being opted out of the directory, please email our Vice President at VP@ccpaslo.org

Type of Membership- Please select one of the following

I am applying for **VOTING MEMBERSHIP**. I understand that the annual dues are **\$60.00**. I hereby certify that I meet the requirements of Business & Professions Code section 6450, et seq., or successor provisions, including the MCLE requirements of Business & Professions Code section 6450(d) in general law and ethics. [New applicants, please attach a copy of your paralegal program Certificate or an attorney's declaration.]

I am applying for **ASSOCIATE MEMBERSHIP**. I understand that the annual dues are **\$50.00** and that such membership carries a non-voting status. I hereby certify that I do not meet the requirements for Voting Membership.

I am applying for **STUDENT MEMBERSHIP**. I understand that the annual dues are **\$25.00** and that such membership carries a non-voting status. I hereby certify that I am enrolled in a paralegal training program that meets the requirements of Bus. & Prof. Code section 6450(c)(1) or 6450(c)(2) **and** that I do not meet the requirements for Voting Membership. The paralegal program I am enrolled in is

Please return this application and your dues check to the CCPA, P.O. Box 93, SLO, CA 93406.

Contact CCPA Vice President at VP@CCPASLO.ORG with questions.



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Volunteering:

I am interested in volunteering for the 2022 Board of Directors.
Position: _____

I am interested in participating on a committee for news brief

I am interested in participating on a committee for programs

I am interested in participating on a committee for website.

Programs: (Please list continuing education programs you would like offered in 2022)

My signature below is my sworn declaration that the foregoing information is true and correct and that I make none of these statements for the fraudulent purpose of obtaining benefits for which I would not otherwise be entitled. By signing this application, I confirm that I am B&P 6450 compliant and that if that status should change, I will immediately notify the Board of Directors.

Date: _____ **Signature:** _____

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