



Central Coast Paralegal Association

P.O. Box 93
San Luis Obispo, CA 93406

Membership Application 2023 (Pursuant to Section 2.03 of the CCPA Bylaws)

Please Check One: Renewing Member New Member

Please print or type: if for any reason the following information changes, please contact info@ccpaslo.org.

Disclaimer: Information given on this application will appear on the membership directory. If you would like any information not included, please contact our Vice President at VP@ccpaslo.org or please check the box below if you would only like your name, employer (if any) and specialty to appear on the directory.

By checking this box, you agree that only your name, employer if any, specialty will appear on the directory and no other contact information will be shown.

Name: _____ Employer (if any): _____

Personal Email: _____ Work Email: _____

Work Address: _____

Area of Practice or Specialty:

Work Phone: _____

Send my NewsBrief and any CCPA correspondence to: Personal Email Work Email

I am interested in participating on a committee. Website NewsBrief Programs

Other committee: _____

I would like to see continuing education programs offered on the following subjects: _____

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 _____

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** _____

*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.*

Reviewed 12/2020