



Central Coast Paralegal Association

2025 APPLICATION

Application Information **New Member** **Renewal**

Disclaimer: Information given on this application will appear in 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 in the directory.

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

| | | | |
|-------------------------------|--|---------------|--|
| Applicant's Full name: | <div style="display: flex; justify-content: space-between; width: 100%;"> <i>Last</i> <i>First</i> </div> | Date: | |
| Address: | <div style="display: flex; justify-content: space-between; width: 100%;"> <i>Street address</i> <i>Apt/Unit #</i> </div> | Phone: | |
| | <div style="display: flex; justify-content: space-between; width: 100%;"> <i>City</i> <i>State</i> <i>Zip Code</i> </div> | Email: | |

| | |
|-------------------------|--|
| Employer's Name: | Specialty |
| Address: | <div style="display: flex; justify-content: space-between; width: 100%;"> <i>Street address</i> <i>Apt/Unit #</i> </div> |
| | <div style="display: flex; justify-content: space-between; width: 100%;"> <i>City</i> <i>State</i> <i>Zip Code</i> </div> |
| | |

Please send my quarterly newsletter & correspondence to: Personal Email Work Email

I am interested in participating on a committee: Website Newsletter Programs Other

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

I am applying for **Voting Membership**. I understand that the annual dues are \$65.00. 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 must attach a copy of their paralegal program certificate or an attorney's declaration along with their CCPA application]***

I am applying for **Associate Membership**. I understand that the annual dues are \$55.00 and that such membership carries 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 Business and Professions Code section 6450(c)(2) **and** that I do not meet the requirements for Voting Membership. The paralegal program I am enrolled in is _____

Disclaimer and signature

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 Business and Professions compliant and that if that status should change, I will immediately notify the Board of Directors.

| | |
|-------------------------|--------------------|
| Signature: _____ | Date: _____ |
|-------------------------|--------------------|