# Central Coast Paralegal Association

## 2027 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 dbenzon@carnaclaw.com 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: _____ (*Last* / *First*)  Date: _____

Address: _____ (*Street address* / *Apt/Unit #*)  Phone: _____

_____ (*City* / *State* / *Zip Code*)  Email: _____

Employer's Name: _____ Specialty _____

Address: _____ (*Street address* / *Apt/Unit #*)  Phone: _____

_____ (*City* / *State* / *Zip Code*)  Email: _____

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: _____

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