



Membership Application 2020
(Pursuant to Section 2.03 of the CCPA Bylaws)

Check one: Renewing Member New Member

Please print or type:

Name _____ Employer _____

Home Address _____ Bus. Address _____

City/Zip _____ City/Zip _____

Home or cell phone _____ Bus. Phone _____

Home Email _____ Bus. Email _____

Send my NewsBrief to: Home Email Office Email

Area of practice (specialty): _____

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.*