

**Central Coast Paralegal Association**  
P.O. Box 93, San Luis Obispo, CA 93406

**Membership Application 2018**  
(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.

Date \_\_\_\_\_ Signature \_\_\_\_\_

*Please return this application and your dues check to the CCPA, P.O. Box 93, SLO, CA 93406.  
Contact CCPA Vice President Leanne Phillips at [lp@ernstlawgroup.com](mailto:lp@ernstlawgroup.com) with questions.*