

DELAWARE COUNTY PARALEGAL ASSOCIATION 2024
APPLICATION FOR MEMBERSHIP



Please send completed application and check or money order made payable to:

Delaware County Paralegal Association
Attn: Membership Chair
P.O. Box 1802
Media, PA. 19063
www.delcoparalegals.org / e-mail: delcoparalegals@gmail.com

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____ Email: _____

Birth Date (Month/Day): _____

Current Employer: _____

Address: _____

City: _____ State: _____ Zip: _____

Education: _____

Specific Legal Education (including name of institution, final degree or certification, and date of graduation): _____

Years of Experience as a Paralegal: _____

Designation: Pa.C.P. _____ RP® _____

If you have not attended a paralegal training program, briefly describe the relevant training you have received. _____

Please list the specialty areas in which you specialize, e.g. civil, criminal, domestic, bankruptcy, etc.

How did you hear about us?

Would you be interested in participating in a DCPA committee? Please check off which one you are interested in: Social Events: _____ Continuing Education: _____ Newsletter: _____ Charity: _____ Website/Technology: _____ Document Management: _____ Other: _____

DUES ARE TO BE PAID THE 31ST OF JANUARY FOR EACH FISCAL YEAR

PLEASE CHECK THE TYPE OF MEMBERSHIP FOR WHICH YOU ARE APPLYING:

_____ ***Charter Member Please check here.*** Anyone who was a member of DCPA from its inception in 2011 and continued their membership uninterrupted to this date, qualify for the charter member designation, in addition to the type of membership below. (If you have a question as to charter status, contact the Membership Chair.)

_____ ***Full Member (\$50.00 annual dues—full voting privileges)*** Full Members are full voting, elective and representative members who possess a paralegal certificate or degree from a legal assistant studies program and have six (6) months work experience as a paralegal.

_____ ***Associate Member (\$30.00 annual dues- non-voting/\$50.00 annual dues- full voting privileges)*** Any person who has completed a course of study leading to a receipt of a paralegal certificate or degree, but who has not been employed as a paralegal for a period of at least six (6) months may become an Associate member. In addition, any person who has graduated from a two (2) or four (4) year accredited educational institute but does not possess a paralegal certificate or degree and any person who has at least one (1) year’s work experience a paralegal but does not possess a paralegal certificate or degree, may become an associate Member.

_____ ***Student Member (\$20.00 annual dues)*** Any person who is enrolled in a paralegal or legal assistant studies program leading to the receipt of a paralegal certificate or degree may become a Student Member. Student members shall not have voting, elective, or representative privileges but shall be entitled to participate in the activities of the Association.

_____ ***Affiliate Member (\$15.00 annual dues)*** Any person who is already a member of a paralegal association in another county may join the Delaware County Paralegal Association for a reduced fee. Affiliate members shall complete a membership application and attach proof of membership in another county. Affiliate Members shall not have voting, elective, or representative privileges but shall be entitled to participate in the activities of the Delaware County Paralegal Association.

_____ ***Emeritus Members (\$20.00 annual dues)*** Open to any retired former DCPA Officer or Board Member who has served at least five (5) years or longer, uninterrupted, in service to the organization.

_____ ***Sustaining Member (\$100.00 annual dues)*** Any firm, association, corporation, educational institution or other entity who is interested in supporting the objectives and purposes of the Association. Sustaining members shall not have voting, elective or representative privileges but shall be entitled to participate in the activities of the Association. *(Note: This membership class is not available to vendors; kindly feel free to support us as a sponsor. Information on how to support DCPA as a sponsor, and details about our sponsorship levels can be found on our website: www.delcparalegal.org)*

I UNDERSTAND THAT THIS APPLICATION DOES NOT CONSTITUTE AUTOMATIC MEMBERSHIP IN THE DELAWARE COUNTY PARALEGAL ASSOCIATION. I AM AWARE THAT THE MEMBER SERVICES COMMITTEE AND/OR THE BOARD OF DIRECTORS WILL REVIEW THIS APPLICATION. IF ACCEPTED, I WILL RECEIVE A MEMBERSHIP CARD AND BE PLACED ON THE ASSOCIATION’S MAILING LIST. I HEREBY CERTIFY THAT THE INFORMATION PROVIDED IN THIS APPLICATION IS TRUE AND COMPLETE AND THAT I MEET THE ASSOCIATION’S MEMBERSHIP REQUIREMENTS AND THOSE OF THE CATEGORY FOR WHICH I AM APPLYING. I AGREE TO NOTIFY THE ASSOCIATION OF ANY CHANGE OF ADDRESS OR CHANGE IN MY STATUS THAT AFFECTS THE TYPE OF MEMBERSHIP APPLIED FOR ON THIS APPLICATION.

Date _____ Applicant’s Signature _____

School Administrator Verification of Enrollment (to be completed for Student applications **only**)
Date _____ School Representative _____