

SIERRA NEVADA ASSOCIATION OF PARALEGALS*Affiliated with the National Association of Legal Assistants**P.O. Box 2832, Reno NV 89505***ACTIVE MEMBERSHIP*****(Please Print – Clearly)***

Name: _____ CLA/CP Designation: _____ M/F: _____

Residential Address: _____

Residence Telephone: _____ Business Telephone: _____

E-Mail address (print clearly): _____

Employer (if any): _____

Employer Address: _____

Employer is (check one if currently employed as a paralegal):

Law department, nonprofit organization	Corporate law department
Judicial agency, court or court master	Private law office (# of attorneys _____)
Governmental agency	Sole Practitioner
Other: _____	

No. of legal assistants/paralegals in my office: _____ No. of non-legal personnel in my office: _____

Current professional or business organization memberships: _____

Areas of specialization (if any): _____

Experience in states other than Nevada: _____

I am applying for membership under Category _____. (Choose Category 1-3 or complete the Attorney/Employer Attestation below. Please note you do not have to be currently employed as a Paralegal to Join SNAP when you apply under Categories 1-3.) Please mail your check in the amount of \$50.00 and the completed application to the address listed above.

I hereby attest that I meet the qualifications for Active Membership in the Sierra Nevada Association of Paralegals as listed under Category _____.

Date: _____

Applicant Signature

Attorney/Employer Attestation: (This section must be completed by all applicants for Active Membership under Categories 4-7.)

I hereby attest that _____ is employed by me and meets the qualifications for Active Membership in the Sierra Nevada Association of Paralegals as listed under Category _____.

Date: _____

State Bar No. _____

Employer Signature

I agree to be bound by the Code of Ethics and Professional Responsibility adopted by the National Association of Legal Assistants, Inc., subscribed to by the Sierra Nevada Association of Paralegals, and the bylaws adopted by the Sierra Nevada Association of Paralegals.

Date: _____

Applicant Signature

I prefer any SNAP mailings to be sent to: Home _____ Office _____
I would like to be included in the SNAP Job Bank to receive notification of job openings via e-mail _____