

SIERRA NEVADA ASSOCIATION OF PARALEGALS

Affiliated with the National Association of Legal Assistants

P.O. Box 2832, Reno NV 89505

ASSOCIATE 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 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.

Dated: _____

Applicant Signature

Please note that this application will be forwarded to the Executive Committee for approval. Please mail your check in the amount of \$30.00 and the completed application to the address listed above.

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 _____