

# SIERRA NEVADA ASSOCIATION OF PARALEGALS

*Affiliated with the National Association of Legal Assistants*

*P.O. Box 2832, Reno NV 89505*

## **RETIRED MEMBERSHIP**

***(Please Print – Clearly)***

Name: \_\_\_\_\_ CLA/CP Designation: \_\_\_\_\_ M/F: \_\_\_\_\_

Residential Address:

Residence Telephone: \_\_\_\_\_ Business Telephone:

E-Mail address (print clearly):

Current Professional or business organization memberships:

Dates of Active Membership in SNAP:

Dates of Membership in NALA Affiliated Association:

Name and location of NALA Affiliated Association:

I declare that I have been an Active Member of SNAP or other NALA Affiliated Association for at least three (3) years at the time of retirement and have either attained the age of 55 years or received mandatory retirement because of a physical disability; that I have not been convicted of a felony or disbarred from the practice of law; and

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 \$20.00 and the completed application to the address listed above.***

I prefer any SNAP mailings to be sent to: Home \_\_\_\_\_ Office \_\_\_\_\_