

SIERRA NEVADA ASSOCIATION OF PARALEGALS

Affiliated with the National Association of Legal Assistants

P.O. Box 2832, Reno NV 89505

STUDENT 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:

Attending (name of school)

Length of legal assistant/paralegal program _____ ABA Approved? Yes ___ No

Expected date of graduation: _____ No. of semester hours:

Current professional or business organization memberships:

School Attestation: (this section must be completed on all applications for Student Membership and must be completed by the school program director or instructor)

I hereby attest that _____ is currently enrolled in the Legal Assistant/
Paralegal Program at this school.

School:

Date: _____

By:
Title:

I hereby attest I am not currently employed as a legal assistant or I have not been employed as a legal assistant for at least 6 months under the supervision of an attorney. **Please mail your check in the amount of \$20.00 and the completed application to the address listed above.**

Date:

Applicant 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 _____