

SIERRA NEVADA ASSOCIATION OF PARALEGALS

Affiliated with the National Association of Legal Assistants

P.O. Box 2832, Reno NV 89505

SUSTAINING 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:

Check the most appropriate description of your employment:

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

Current Professional or business organization memberships:

Please mail your check in the amount of \$75.00 and the completed application to the address listed above.

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

I prefer any SNAP mailings to be sent to: Home _____ Office _____