

Promoting the Profession of Legal Assistants through Education and Camaraderie

# Why Join SNAP (Sierra Nevada Association of Paralegals)?

SNAP is the National Association of Legal Assistants affiliate in Northern Nevada. This affiliation provides SNAP members with CLA/CP testing opportunities within the Reno/Sparks area. SNAP members also enjoy monthly continuing legal education seminars, subscription to SNAP's Job Bank and monthly newsletter, networking opportunities with other professionals in the legal community, and updates on national and local legislation affecting the paralegal profession.

## **APPLICATION FOR MEMBERSHIP**

By submitting this application 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:	Signature:		
Name:			
Home Address (including City	, State and Zip):		
Preferred Mailing Address:	work home		
Telephone: Home (775)			
Business (775)			
Preferred e-mail address:			
Employer:	Application Date:		
Employer Address (including (	City, State and Zip):		
Position Title:			
I prefer any SNAP mailings to be ser I would like to be included in the SN	at to: Home Office AP Job Bank to receive notification of job openings via e-mail		
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Your Areas of Specialty Areas or Areas o	f Interest:		
Business/Corporate General Family Law Litigation	Criminal Law Probate/Estate Administrative Other (Please specify)	Real Estate Bankruptcy Taxation	
Years worked in Legal Profession:	0-1	☐ 6-10 ☐ Ove	er 10
Employer is (check one if currently emplo	oyed as a paralegal):		
Law department, nonprofit organizati Judicial agency, court or court master Governmental agency Other:	Priv	oorate law department ate law office (# of attorneys _ Practitioner	)
No. of legal assistants/paralegals in my of	fice: No. of	non-legal personnel in my offi	ce:
Current professional or business organization	tion memberships:		
Experience in states other than Nevada: _			
Formal or special education (name and ad	dress of school or trainin	g for present position:	
Date of graduation:	Specialty (if ap	plicable)	
If you have a CLA/CP or ACP designation	n, please indicate the yea	r certified:	
CLA/CP:			
ACP:			
Area(s) of ACP certification:			

### MEMBERSHIP REQUIREMENTS

Active Member - \$50.00	Active members are defined on page 4. Active membership carries full voting privileges, and such members shall be privileged to vote in all elections. Active members may serve as Association officers or voting members of the Executive
	Committee
Student Member - \$20.00	Student Member are any individuals, not qualified as an active, retired or associate member, currently enrolled in an educational program which includes legal courses, including, but not limited to, an ABA-approved paralegal program, a non-ABA approved paralegal program, a community college, or a university. The enrollment and participation in such legal courses must be attested to by a representative of the learning institution. Student members who wish to renew as Student Members must supply a copy of their current transcript.
	members have no voting privileges, except through the Student Liaison, who shall
	have one vote.
Retired Member - \$20.00	Retired members consist of any individual who has been an Active Member of SNAP or other NALA affiliated association for at least three (3) years at the time of retirement and has either attained the age of 55 years or received mandatory retirement because of a physical disability, subject to review and approval of the Executive Committee. Retired members carry full voting privileges, and such members shall be privileged to vote in all elections. Retired members may serve as Association officers or voting members of the Executive Committee.
Associate Member - \$30.00	Associate Member are any individuals who do not qualify as an active, retired, sustaining or student member as outlined in SNAP's Bylaws, but is employed in a law-related field, subject to review and approval of the Executive Committee.  Associate members have no voting privileges.
Sustaining Member - \$75.00	Sustaining Member are any individual, law firm, corporation or institution interested in supporting the goals of this Association, which shall include judges, attorneys, paralegal educators, discovery masters, court masters, and any other individual involved in the promotion of the legal assistant profession, and endorsing the objects and purposes of this Association. Sustaining members have no voting privileges.

Membership in this Association is based on requirements approved by Association members and specified by the Membership Classifications in SNAP's bylaws.

Membership applications should be completed and submitted with your check made payable to Sierra Nevada Association of Paralegals in the required amount and mailed to:

#### SIERRA NEVADA ASSOCIATION OF PARALEGALS

P.O. Box 2832 Reno NV 89505

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Please mark below the requirement for membership that you feel you have met and provide the information requested:

#### I. ACTIVE MEMBERSHIP:

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.)

Category 1	Any individual who has successfully completed the Certified Legal Assistant (CLA)
	examination of NALA
Category 2	Any individual who has graduated from an ABA approved program of study for legal
	assistants
Category 3	Any individual who has graduated from a course of study for legal assistants which is
	institutionally accredited but not ABA approved, and which required not less than the
	equivalent of 60 semester hours of classroom study
Category 4	Any individual who has graduated from a course of study for legal assistants other than
	those set forth in (ii) and (iii) above, plus not less than six months of in-house training
	as a legal assistant, whose attorney-employer attests that such person is qualified as a
	legal assistant
Category 5	Any individual who has received a baccalaureate degree in any field, plus not less than
	six months in-house training as a legal assistant, whose attorney-employer attests that
	such person is qualified as a legal assistant
Category 6	Any individual who has a minimum of three years of law-related experience under the
. ·	supervision of an attorney, including at least one year of in-house training as a legal
	assistant, whose attorney-employer attests that such person is qualified as a legal
	assistant
Category 7	Any individual who has a minimum of two years of in-house training as a legal
	assistant, whose attorney-employer attests that such person is qualified as a legal
	assistant
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I hereby attest that I meet the qualificat as listed under Category	ions for Active Membership in the Sierra Nevada Association of Paralegals
Date:	
	Applicant Signature
Attorney/Employer Attestation: (Thi under Categories 4-7.)	s section must be completed by all applicants for Active Membership
	is employed by me and meets the qualifications for
-	a Association of Paralegals as listed under Category
Date:	
State Bar No	Employer Signature

# Attending (name of school) ABA Approved? Yes\_\_\_\_ No \_\_\_\_ Length of legal assistant/paralegal program \_\_\_\_\_ Expected date of graduation: No. of semester hours: School Attestation: (this section must be completed on all initial applications for Student Membership and must be completed by the school program director or instructor. For Renewal applications, please provide a copy of your transcript.) I hereby attest that \_\_\_\_\_ is currently enrolled in the Legal Assistant/Paralegal Program at this school. School: \_\_\_\_ 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. Date: Applicant Signature III. **RETIRED MEMBERSHIP:** 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. Dated: Applicant Signature IV. **ASSOCIATE MEMBERSHIP:** Please briefly describe why you feel you do not meet the membership criteria for: active membership, retired membership, sustaining membership, or student membership. Applicant Signature

II.

STUDENT MEMBERSHIP:

V.	SUSTAINING MEMBERSHIP:		
	Please briefly describe how, as a Sustaining Member you will be involved in the promotion of the legal assistant profession.		
Dated	d:	Applicant Signature	
	Го be completed by Sierra Nevad	a Association of Paralegal's Second Vice President:	
	ed on the above information, I according of Paralegals:	ept this applicant for membership in the Sierra Nevada	
Date	e	Second Vice President	