



Nebraska Paralegal Association (NePA)

PO Box 24943, Omaha, NE 68124-0943

www.nebraskaparalegal.org

An Affiliate of the National Association of Legal Assistants, Inc. (NALA)

Statement for 2016-2017 Membership Dues/Renewals

Annual dues for members of NePA are due and payable August 1 of each year and delinquent if not paid by October 1 of each year. To renew your membership, please complete the form below and mail it with your check payable to NePA to:

Nebraska Paralegal Association (NePA)
P.O. Box 24943
Omaha, NE 68124

(Please print or type. Note any recent name changes on this form.)

A. Name: _____ E-mail Address*: _____
Employer: _____ Home Address: _____
Employer's Address: _____

Practice Area(s): _____
Office Phone: (____) _____ Office Fax: (____) _____ Home Phone: (____) _____

Are you interested in serving on a NePA committee? _____ Yes _____ No

If Yes, please indicate which committee(s) below:

Annual Meeting/Mid-Year Meeting/CLE _____ Official Publications _____ Web-site _____
Audit _____ Public Relations/NSBA Liaison/Law Day _____ Ad Hoc-CP Review Course _____
Library _____ Scholarship-CLA _____ Ad Hoc-Ad/Sponsorship _____
Membership _____ Scholarship-Student _____ Ad Hoc-Distance Membership _____
Nominations/Elections _____ Student Membership/Services/Mentoring _____ Ad Hoc-Leadership Development _____

Is your firm willing to participate in an internship program with area schools that have paralegal programs? _____ Yes _____ No
If yes, please provide a contact name, email address and telephone number: _____

*(NOTE: All NePA communications are sent by E-mail. Please provide the E-mail address to which you want communications sent.)

B. Membership/Dues. Please see Section 3 of the NePA Standing Rules for qualifications required for each membership category.
(If you are a first-time applicant, please use the relevant membership application form found on NePA's web-site.)

_____ Active/\$65 _____ Distance/\$40 _____ Associate/\$65 _____ Student/Free

C. If you hold a CP/CLA credential, please list date of original certification and most recent renewal, if applicable: _____

If you hold an ACP/CLAS credential, please list the following:

Specialty area _____ Date certified/renewed _____
Specialty area _____ Date certified/renewed _____

Other professional designation(s): _____

Current professional or business organization memberships: _____

D. ATTESTATION (MUST BE COMPLETED BY ALL STUDENT MEMBERS)

I, _____, do hereby attest that the above-named applicant has completed one quarter/semester in the legal assistant/paralegal program at _____, and is currently in good standing.

Date: _____ SCHOOL NAME: _____

By: _____

Title: _____

For NePA Use Only

Date Received: _____ Paid: \$ _____ Check #: _____ Date Approved: _____ Database: _____ Email: _____
Revised 07/2016