



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

### Active Membership Application

Please refer to NePA Standing Rules, Section 3, for membership qualifications. Dues are payable by August 1 of each year and delinquent if not paid by October 1 (fiscal year is October 1 – September 30). There is no proration of dues for a partial year. You may pay online at <http://nebraskaparalegal.org/payments.php> or by sending a check made out to NePA to the address below. You must also complete the below form and email it to [membership@nebraskaparalegal.org](mailto:membership@nebraskaparalegal.org) or mail it to:

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

(Please print or type.)

**A. Name:** \_\_\_\_\_ **E-mail Address\*:** \_\_\_\_\_  
**Employer:** \_\_\_\_\_ **Home Address:** \_\_\_\_\_  
**Employer's Address:** \_\_\_\_\_ **Home Phone: (\_\_\_\_) \_\_\_\_\_**  
**Office Phone: (\_\_\_\_) \_\_\_\_\_**

Office consisting of: \_\_\_\_\_ # of attorneys; \_\_\_\_\_ # of paralegals; and \_\_\_\_\_ # of non-legal personnel.

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

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

Continuing Legal Education _____	Official Publications _____	Student Education Award _____
Audit _____	Public Relations _____	Student Membership _____
Membership _____	CP/ACP Scholarship _____	Technology _____
Nominations/Elections _____	Sponsorship _____	

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

**B. 1. Current Job Title:** \_\_\_\_\_ **Practice area(s):** \_\_\_\_\_

2. Please indicate which qualification for Active Membership applies to you (select only one): \_\_\_\_\_
- A. Successfully completed NALA's Certified Paralegal Program ("CP Program"). List date of original certification \_\_\_\_\_ and most recent renewal, if applicable \_\_\_\_\_. Attach copy of relevant certificate.
  - B. Graduated from an American Bar Association ("ABA") approved paralegal program. List date of graduation \_\_\_\_\_ and attach copy of degree.
  - C. Graduated from an institutionally accredited paralegal program with not less than the equivalent of 60 semester hours of classroom study. List date of graduation \_\_\_\_\_ and attach certificate or equivalent.
  - D. Graduated from a paralegal program not listed above and has no less than six months of in-house training as a paralegal, whose attorney-employer attests below that such person is a qualified paralegal. List date of graduation \_\_\_\_\_, attach certificate or equivalent, and have attorney sign attestation.
  - E. Holds a baccalaureate degree in any field, plus not less than six months of in-house training as a paralegal, whose attorney-employer attests below that such person is a qualified paralegal. Attach copy of degree.
  - F. Minimum of three years of law related experience under the supervision of an attorney, including at least six months of in-house training as a paralegal, whose attorney-employer attests below that such person is a qualified paralegal.
  - G. Minimum of two years of in-house training as a paralegal, whose attorney-employer attests below that such person is a qualified paralegal.

3. If you hold an ACP credential, please list the following:

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

8. Other professional designation(s): \_\_\_\_\_

9. Current professional or business organization memberships: \_\_\_\_\_

**C. I hereby apply for Active Membership in NePA. I agree to be bound by the Code of Ethics and Professional Responsibility of NALA, and by the Bylaws and Standing Rules as adopted and amended by NePA. I further understand that this application and my submitted supporting documents are subject to approval by the Board of Directors of NePA before I am accepted as an Active member of NePA.**

Date: \_\_\_\_\_  
Signature of Applicant

**D. ATTORNEY ATTESTATION**

I, \_\_\_\_\_, am an attorney practicing under the laws of the State of \_\_\_\_\_ and do hereby attest that the above-named applicant is currently employed and meets the requirements under Section B.2.D, E, F, or G. for a paralegal (as defined by NALA) under my supervision.

Date: \_\_\_\_\_  
Signature of Attorney

For NePA Use Only				
Date Received: _____	Paid: \$ _____	Check #: _____	Date Approved: _____	Database: _____ Email: _____