



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)

Associate 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 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: (____) _____

Job Title: _____

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. I hereby apply for Associate 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 is subject to approval by the Board of Directors of NePA before I am accepted as an Associate member of NePA.

Date: _____

Signature of Applicant

For NePA Use Only

Date Received: _____ Paid: \$ _____ Check #: _____ Date Approved: _____ Database: _____ Email: _____
Revised 10/19