

Bar Association of Lehigh County
APPLICATION FOR AFFILIATE MEMBERSHIP
AS A PARALEGAL

To the Members of the Bar Association of Lehigh County:

I, the Undersigned, do hereby make Application for Affiliate Membership as a Paralegal in the Bar Association of Lehigh County, and do submit the following information:

Full Name: _____

Firm or Company Name: _____

Office Address: _____

Office Telephone: _____ **Email Address:** _____

Office Fax Number: _____ **Meeting Time Preference:** ___12-1pm___4:30-5:30pm

Area(s) of Expertise: _____

Home Address: _____

Date of Birth: _____ **Place of Birth:** _____

EDUCATION:

High School: _____ **Date of Graduation:** _____

College: _____ **Degree:** _____ **Date:** _____

Other: _____ **Degree:** _____ **Date:** _____

ABA Approved Institution Granting Diploma/Certificate: _____

Date of Paralegal Diploma/Certificate: _____ **Years as Practicing Paralegal:** _____

SPONSOR: Lehigh County Bar Member, Associate Member, or Affiliate Member

I, the Undersigned, as a/an _____ Member of the Bar Association of Lehigh County,
(Lehigh County Bar, Associate, Affiliate)

do represent that the Applicant is a person of good moral character and conduct, and I am satisfied that the Applicant possesses the necessary qualifications for admission to the Lehigh County Bar Association as an Affiliate Member.

Printed name

Signature

Date

Date of Approval by LCPA Steering Committee: _____

This Application being duly submitted to the Lehigh County Paralegal Association is hereby approved by the following members of the LCPA Steering Committee.

Other Positions of Honor or Trust (ie: School, Civic & Bar Association Activities):

Military Service (dates and highest rank): _____

Citations, Medals, Special Awards/Recognition: _____

By submitting this Application, I do hereby affirm my willingness to abide by the Constitution and By-laws of the Bar Association of Lehigh County.

I consent to receive fax and other electronic communications from the Bar Association of Lehigh County at the office numbers and addresses, if applicable, as indicated above. I will inform the Bar Association of Lehigh County of any changes to the above contact information.

Date: _____

(Applicant's Signature)

****Please include a copy of your resume or forward such to the BALC office as soon as possible.**

Once approved, you will be invoiced for the yearly dues of \$140.00**

This application having been duly submitted to the Executive Committee is hereby approved by:

