

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

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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 \$165.00\*\***

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_