

**NEW MEMBER APPLICATION**

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**Name:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Home Address1:** \_\_\_\_\_

**Home Address2:** \_\_\_\_\_

**Home City:** \_\_\_\_\_

**State: New York State:** \_\_\_\_\_

**Home Zip:** \_\_\_\_\_

**Home Telephone:** \_\_\_\_\_

**Where would you like your mailings sent (Home or Work):** \_\_\_\_\_

**PART I – CURRENT EMPLOYER**

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**(Or Institution)**

**Employer:** \_\_\_\_\_

**Years at Current Employment as a Paralegal:** \_\_\_\_\_

**Work Address 1:** \_\_\_\_\_

**Work Address 2:** \_\_\_\_\_

**Current Employer City:** \_\_\_\_\_

**Current Employer Zip:** \_\_\_\_\_

**Current Employer Fax:** \_\_\_\_\_

**Your Title:** \_\_\_\_\_

**Area of Specialization:** \_\_\_\_\_

**Hire date:** \_\_\_\_\_

**Is your work supervised by an attorney (Yes or No)** \_\_\_\_\_

**If not an attorney, give title of supervisor:** \_\_\_\_\_

**Please describe your current job responsibilities in detail:** \_\_\_\_\_

**PART II – PREVIOUS EMPLOYMENT**

(If < than 1 year @ current employment)

Previous Employer: \_\_\_\_\_

Years at Previous Employment as a Paralegal: \_\_\_\_\_

Prev Work Address1: \_\_\_\_\_

Prev Work Address2: \_\_\_\_\_

Prev Employer City: \_\_\_\_\_

Prev Employer State: \_\_\_\_\_

Prev Employer Zip: \_\_\_\_\_

Prev Employer Telephone: \_\_\_\_\_

Previous Title: \_\_\_\_\_

Please describe you previous job responsibilities: \_\_\_\_\_

**PART III –PARALEGAL TRAINING**

Structured? (Yes or No) \_\_\_\_\_

Name of Institution: \_\_\_\_\_

School Address 1: \_\_\_\_\_

School Address 2: \_\_\_\_\_

School City: \_\_\_\_\_

School State: \_\_\_\_\_

School Zip: \_\_\_\_\_

Program/Degree: \_\_\_\_\_

School Dates Attended: \_\_\_\_\_

Are you currently a student? (Yes or No) \_\_\_\_\_

In house training (if yes, please briefly describe) \_\_\_\_\_

Do you do secretarial work? (Yes or No) \_\_\_\_\_

If yes, what percent of your time is spent on client matters? \_\_\_\_\_

Is your time charged to clients? (Yes or No) \_\_\_\_\_

Please make any comments that you believe will assist the Membership Committee in evaluating your application: \_\_\_\_\_

If the Membership Committee needs additional information, please provide us with the name of an individual whom we may contact:

Contact Name: \_\_\_\_\_

Contact Title: \_\_\_\_\_

Contact Tele: \_\_\_\_\_

Choose a committee to serve on (up to three)

Professional Development

Job Bank

Membership

NFPA

Fund Raising

Bankruptcy

Corporate

Estates, Trust and Tax

Program and Education

Litigation

Real Estate

Masters (7 Years paralegal experience required)

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**BY INITIALING HERE YOU AGREE TO THE BELOW:**

Click on the below link to read and agree to the NFPA Code of Ethics

<http://www.paralegals.org/displaycommon.cfm?an=1&subarticlenbr=133>

Please press the submit button to send your application form to the Paralegal Association of Rochester or email as an attachment to the following address: [mgaudio@harrishesworth.com](mailto:mgaudio@harrishesworth.com)

Please note if you are using a Read Only version of Acrobat, this form must be printed, and hand written, then attached to an email or posted to the following address:

Paralegal Association of Rochester  
PO BOX 40567  
Rochester NY 14604