



APPLICATION FOR RP EMERITUS STATUS

(Form 9A.9-1)

Name: _____

Address: _____

Phone: _____

Fax: _____

e-mail (home): _____

e-mail (work): _____

RP #: _____

Date Current Active RP Status Expires: _____

Are you currently, or were you at the time of your retirement, an RP in good standing (i.e., CLE requirements met, etc.)? ___ Yes ___ No

On what date will you retire? _____

Please enclose a check made payable to NFPA for Ten Dollars (\$10.00) and submit application to:

National Federation of Paralegal Associations, Inc.
P.O. Box 2016
Edmonds, WA 98020

(Signature)

(Printed)

Date: _____

For further information regarding this application, contact NFPA at Phone: 425.967.0045
• Fax: 425.771.9588 • www.paralegals.org • e-mail: info@paralegals.org