APPLICATION FOR MEMBERSHIP

Membership term is January 1st through December 31st

NATIONAL FEDERATION of PARALEGAL ASSOCIATIONS Inc.

*Join between **Jul 1 and Sep 30** and pay only **half the regular membership fees** for membership **through the end of the year!***
*Join between **Oct 1 and Dec 31** and pay **full membership fees** for membership **through the end of the next year!***

☐ Nominee for **Military Sustaining Membership-at-Large** shall be an active duty military paralegal who is not incarcerated. **** Please attach a copy of the front of your active duty Military Identification Card..* **$45.00 annual membership fee**

In the event membership is not acted upon favorably, the total fee will be refunded. Make all checks payable to the National Federation of Paralegal Associations, Inc.

Name: _____

Branch of Military Service _____

Work Address _____ **City** _____ **State** _____ **Zip** _____

Phone _____ **Fax** _____ **Email** _____

Home Address _____ *City* _____ *State* _____ *Zip* _____

Phone _____ *Fax* _____ *Email* _____

Would you like a membership certificate - $10? ☐ **Yes** ☐ **No** **Preferred mailing address?** ☐ **Home** ☐ **Work**

Please mail or fax your completed application and payment to:

NFPA
23607 Highway 99, Suite 2-C
Edmonds, WA 98026
Phone: 425-967-0045 Fax: 425-771-9588
www.paralegals.org

The NFPA Mailing List is available for one-time use rental to companies supporting the paralegal profession. This non-dues income is an important source of money that helps the NFPA remain: *The Leader of the Paralegal Profession*®. The list is NEVER used for mailings associated with the following: tobacco; alcoholic beverages; firearms; gambling; pornographic materials; and any other items or subjects added to this list from time to time.

Do you wish to Opt-Out of inclusion in the NFPA Mailing List? ☐ **Yes**

Card number: _____ Exp: _____

Print name of cardholder: _____

Signature: _____

Card type: Visa ☐ MasterCard ☐ Amex ☐ Security Code: _____