



Membership term is January 1st through December 31st

Have you checked to see if there is a local association you can join?

Visit www.paralegals.org or call to find out! When you join a NFPA® member association, you automatically become a member of the NFPA.

*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!***

☐ **1. Nominee for Military Membership** shall be a paralegal who is an active duty military paralegal and not incarcerated. **Applicant must provide supervisor's name and contact phone number so active status may be verified.** **\$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 Service _____

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

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

Supervisor Name _____ **Supervisor Phone** _____

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

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

Please advise if you were referred by: Facebook - ☐ LinkedIn - ☐ NFPA Website - ☐ NFPA Member - ☐ Seminar - ☐ Other - ☐

Would you like to be included in the NFPA E-Newsletter List? ☐ Yes ☐ No

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:** _____ **Security code:** _____

Print name of cardholder: _____ **Card type:** _____

Visa ☐
MasterCard ☐
Amex ☐

Signature: _____