

RENEWAL FORM 2018
PARALEGAL ASSOCIATION OF ROCHESTER, INC.
CURRENT MEMBERSHIP RENEWAL FORM

This form can only be used by current members for renewal. **If your membership has expired or changed, you must use the standard Membership Application* and submit it with this form.**

Please make your check payable to the “**Paralegal Association of Rochester, Inc.**” and mail it, together with this completed renewal form, to:

Paralegal Association of Rochester, Inc.
ATTN: MEMBERSHIP RENEWAL
PO Box 20106
Rochester, NY 14602

All checks and renewal forms must be **received NO LATER than April 30, 2018** for you to be eligible to run for office and/or vote in the May 2018 Election.

Select your membership level: (see box below if you are changing membership levels)

(Highest level) \$60.00 Voting

\$50.00 Non-Voting

\$30.00 Student

Circle the one fee that applies to you and send that amount

REMEMBER, IF YOU WERE **NON-VOTING (Affiliate) OR STUDENT LAST YEAR** AND YOU ARE **CHANGING TO VOTING OR NON-VOTING STATUS OR VICE VERSA**, YOU MUST THEN FILL OUT A MEMBERSHIP APPLICATION* AND ATTACH IT TO THIS RENEWAL FORM – **YOU DO NOT AUTOMATICALLY MOVE FROM ONE MEMBERSHIP LEVEL TO THE NEXT.**

*You can obtain a Membership Application, if needed to change your membership level, on PAR’s website. Go to www.rochesterparalegal.org and select “Membership” and print the application to complete and mail with this renewal form.

Please indicate with a check mark for any changes to your information below: _____

PRINT YOUR NAME: _____

Check if applicable: RP _____ CRP _____ CLA _____ CP _____

Your Area(s) of Specialization: _____

NAME OF EMPLOYER: _____

Work Address: _____ **Work E-Mail:** _____

Work Phone: _____

Work Fax: _____

Supervising Attorney: _____

Please indicate the highest level of education completed:

____ Paralegal Certificate ____ Associates Degree ____ Bachelors Degree ____ Masters Degree

WHERE DO YOU WANT YOUR MAIL TO GO?

Send mailings to my:

HOME

or

WORK

Circle one of the above

IF YOU CIRCLED "HOME", FILL OUT YOUR HOME ADDRESS AND INFO

Home Address: _____ Home E-Mail: _____

Home Phone: _____

PLEASE LET US KNOW YOUR INTEREST IN BECOMING INVOLVED IN PAR ACTIVITIES.

Organizing or participating in a specialty section _____

Special Events _____

Wherever I am needed _____

Suggestions for programs, seminars, speakers, or other PAR matters: _____

Qualifications for Membership:

VOTING: Any person employed as a paralegal, no less than 20 hours per week, who performs substantive legal work that requires knowledge of legal concepts and is customarily, but not exclusively, performed by a lawyer and, may be retained or employed by a lawyer, law firm, government agency, court or other entity and who meets one of the following requirements: 1) one year of work experience as a paralegal; and/or 2) six months of work experience as a paralegal and successful completion of a formal paralegal training program. Voting membership requires that a paralegal's work be supervised by an attorney.

NON-VOTING: Any person who would otherwise qualify as a Voting Member, except as follows: insufficient length of work experience, and/or currently unemployed (for more than ninety days), and/or works less than twenty hours per week. Any paralegal who is currently not employed as a paralegal for whatever reason, but who would otherwise qualify as a Voting Member, may join as a Non-Voting Member.

STUDENT: Any person currently a student enrolled in a paralegal program or other related educational program in an accredited college or university. A Student Member shall not be entitled to vote.

The information contained in this application is subject to review by the Membership Committee of PAR and may be disseminated to PAR's Board of Directors.

PAR is a member association of NFPA and, by virtue of joining PAR, you are a member of NFPA. A portion of your PAR dues is sent to NFPA for your membership in NFPA, which includes your *National Paralegal Reporter* subscription.

Checks returned to the Treasurer for non-sufficient funds, or any other reason, will be returned to the issuer for reimbursement of the face value of the check plus any fees incurred by PAR from its financial institution. Membership will be revoked until payment of membership dues and bank charges are received.

To read the NFPA Code of Ethics, go to <http://www.paralegals.org> and click on "Positions and Issue" and "Ethics."

MEMBER CERTIFICATION: I hereby renew my membership in the Paralegal Association of Rochester, Inc. ("PAR") and certify that this Renewal Form is true and correct. I agree to be bound by the Model Code of Ethics and Professional Responsibility adopted by the National Federation of Paralegal Associations, Inc. ("NFPA") and the By-Laws of PAR. I give consent to contact my supervising attorney(s) for verification or clarification of this Renewal Form.

Date: _____ Signed: _____