



For Office Use Only:

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**Palmetto Paralegal Association**  
**APPLICATION FOR NEW**  
**MEMBERSHIP**

Voting     Associate

**Membership Year: \_\_\_\_\_**  
**January 1 - December 31**

**Application Fee\***  
**Voting/Associate - \$85.00**

Please print, complete and mail completed application and check to:

**Palmetto Paralegal Association, Attn: Membership Committee, Post Office Box 11634, Columbia, South Carolina 29211.**

All applications for membership must be accompanied by the applicable application fee. Initial applications for **Voting/Associate** membership must be accompanied by (1) applicant's resume or biography, and (2) evidence of applicant's paralegal education or experience (see attached).

**Please type or print all information exactly as you wish it to appear in the membership files and in the Membership Directory.**

**NAME:** \_\_\_\_\_ **NAME FOR NAMETAG:** \_\_\_\_\_  
**ADDRESS:** \_\_\_\_\_ **BIRTHDAY (month/day):** \_\_\_\_\_  
**CITY:** \_\_\_\_\_ **STATE:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_  
**EMPLOYER:** \_\_\_\_\_  Full-Time     Part-Time  
**PHONE:** \_\_\_\_\_ **FAX:** \_\_\_\_\_ **CELL:** \_\_\_\_\_  
**E-MAIL:** \_\_\_\_\_

**JOB TITLE:** \_\_\_\_\_

**JOB DUTIES/RESPONSIBILITIES:**

**Have you been a member of PPA previously?**     NO     YES    **If so, under what name?** \_\_\_\_\_

**POST HIGH SCHOOL EDUCATION: (List past and present schools)**

**NOTE: If new applicant, attach certificate/transcripts**

INSTITUTION	CERTIFICATE/DEGREE	MAJOR	GRADUATION DATE
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Please tell us how you learned about PPA:**

**PLEASE CHECK THE COMMITTEE(S) ON WHICH YOU ARE WILLING TO WORK:**

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> 1. COORDINATION           | <input type="checkbox"/> 4. MEMBERSHIP          | <input type="checkbox"/> 7. POLICY         |
| <input type="checkbox"/> 2. EDUCATION              | <input type="checkbox"/> 5. NEWSLETTER          | <input type="checkbox"/> 8. PRO BONO       |
| <input type="checkbox"/> 3. EMPLOYMENT INFORMATION | <input type="checkbox"/> 6. PARALEGAL AWARENESS | <input type="checkbox"/> 9. WAYS AND MEANS |

**PLEASE INDICATE IF YOU ARE INTERESTED IN PRO BONO WORK OR ACTIVITIES:**     YES     NO

**PLEASE CHECK THE AREA(S) IN WHICH YOU PRACTICE:**

- |  |  |   |   |
|--|--|---|---|
| <input type="checkbox"/> 1. CORPORATE  | <input type="checkbox"/> 3. LABOR LAW  | <input type="checkbox"/> 5. PROBATE     | <input type="checkbox"/> 7. FAMILY LAW    |
| <input type="checkbox"/> 2. LITIGATION | <input type="checkbox"/> 4. BANKRUPTCY | <input type="checkbox"/> 6. REAL ESTATE | <input type="checkbox"/> 8. WORKERS' COMP |

**Every member of the Association shall subscribe to and be bound by the Code of Ethics of the Palmetto Paralegal Association. (Article XIV, PPA Bylaws). By signing below, I certify that I have read and understand the current Bylaws of the Palmetto Paralegal Association.**

\_\_\_\_\_ **Date:** \_\_\_\_\_

**BYLAWS OF PALMETTO PARALEGAL ASSOCIATION**  
**ARTICLE VIII – MEMBERSHIP**  
**Paralegal Defined**

**Section 8.1.** Membership in the Palmetto Paralegal Association shall be open to any person who meets the membership requirements as set forth in the classifications below. The Association has adopted the definition of a paralegal as defined by the National Federation of Paralegal Associations:

“A paralegal is a person qualified through education, training or work experience to perform substantive legal work that requires knowledge of legal concepts and is customarily, but not exclusively, performed by a lawyer. This person may be retained or employed by a lawyer, law office, governmental agency or other entity or may be authorized by administrative, statutory or court authority to perform this work.”