**RHODE ISLAND PARALEGAL ASSOCIATION**

**MEMBERSHIP APPLICATION**RIPA Membership Year is from July 1st through June 30th
Send your Application and Check payable to RIPA to:
RIPA, P.O. Box 1003, Providence, RI 02901
[WWW.RIPARALEGALS.ORG](http://WWW.RIPARALEGALS.ORG)

**Check one: NEW: RENEWAL:**

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| --- | --- |
| **Name:** |  |
| **Home Address:** |  |
| **Employer:** |  |
| **Office Address:** |  |
| **Job Title/Practice: Area** |  |
| **Preferred Email:** |  |
| **Preferred Phone:** |  |

**CHECK MEMBERSHIP CATEGORY: $ Dues Enclosed**

**Voting Member: ($60.00) Please check which category below applies to you:**

 Bachelor's Degree in Paralegal Studies plus one year minimum employment as a paralegal;

 Bachelor's Degree in any subject plus two years minimum employment as a paralegal;

 Associate's Degree in Paralegal Studies plus two years minimum employment as a paralegal;

 Certificate in Paralegal Studies plus two years minimum employment as a paralegal; or

 Five or more years of employment as a paralegal (degree not a prerequisite)

**Non-Voting Member: ($50.00) Please check which category below applies to you:**

 Bachelor's Degree in Paralegal Studies, but less than one year employment as a paralegal;

 Bachelor's Degree in any subject but less than two years minimum employment as a paralegal;

 Associate's Degree in Paralegal Studies, but less than two years employment as a paralegal;

 Certificate in Paralegal Studies, but less than two years employment as a paralegal; or

 Less than five years employment as a paralegal (degree not a prerequisite).

 **Student Member: ($40.00)** — Must either be a student currently enrolled in a program leading to a Bachelor’s Degree, an Associate's Degree or a Certificate in Paralegal Studies or is a recent graduate who does not qualify as avoting, non-voting or a sustaining member.

 **Sustaining Member: ($100.00)** — Corporations, law firms, colleges/universities.

**Dues may now be paid via Venmo - @RIparalegal**

***Membership in RIPA includes membership In the National Federation of Paralegal Associations (NFPA).***

* Have you ever been convicted of a crime? Yes No If yes, please attach a statement of
explanation.
* Check here if you do NOT want your name on a mailing list which the RIPA Board or NFPA may make

available to vendors of legal related products/services:

* Check here if you do NOT want your name included in the membership directory on RIPA's website

[RIPARALEGALS.ORG:](http://RIPARALEGALS.ORG:)

* I would like to volunteer on the following committee(s):

             Publications              Education              Job Bank             Membership              Programs

             Policy & Issues              Pro Bono              Public Relations

**I understand that this application does not constitute automatic membership In the RIPA, I am aware that this application will be reviewed by the Membership Committee and the Board of Directors. I hereby certify that the information provided In this application is true and that I meet the RIPA's requirements for membership. I agree to notify the RIPA of any change of address or change in my status that would affect the category of membership applied for on this application.**

**Signature: Date:**