



# SMOKY MOUNTAIN PARALEGAL ASSOCIATION

*an Affiliate of NALA – The Paralegal Association*

Post Office Box 445  
Knoxville, Tennessee 37901  
www.smparalegal.org

## NEW MEMBER APPLICATION FOR ACTIVE MEMBERSHIP

*Qualifications for Active Membership: (See Active Membership Qualifications and Attestation on reverse side) Active members have voting privileges and may serve as officers, directors or committee chairs.*

**PERSONAL INFORMATION:**                      **APPLYING UNDER QUALIFICATION NO. \_\_\_**

Full Name: \_\_\_\_\_

Residence Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone No.: \_\_\_\_\_ Email Address: \_\_\_\_\_

Employer: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Office Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Office Phone No.: \_\_\_\_\_ Office Email Address: \_\_\_\_\_

Area(s) of Practice (Circle applicable areas): General Litigation, Criminal, Real Estate, Government, Intellectual Property, Product Liability, Construction, Education, Employment, Other (please indicate):

***I prefer SMPA mailings by U.S. Mail \_\_\_\_\_ Electronically \_\_\_\_\_***

***Preferred mailing address:***                       **Home Address**                       **Office Address**

***Preferred email address:***                       **Home Email**                       **Office Email**

**NALA CERTIFICATION INFORMATION:**

**CLA / CP**    Yes    No   Date Certified: \_\_\_\_\_ *(Please attach copy of current cert.)*

Designation Utilized:   CLA or CP

**ACP**    Yes    No   Date Certified: \_\_\_\_\_ *(Please attach copy of current cert)*

Designation Utilized:   CLAS or ACP   Specialty: \_\_\_\_\_

**NALA Member:**    Yes    No

***Completed Application Form with payment should be mailed to the address above. All members are bound by the NALA Code of Ethics and Professional Responsibility adopted by Smoky Mountain Paralegal Association.***

***Dues: \$75.00.*** *The year for SMPA is January 1 until December 31 of the current year. If joining after June 30, please pro rate your dues at \$6.50 per month for each month (including the month of application) until December 31 of the current year.*

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Applicant

## **ACTIVE MEMBERSHIP QUALIFICATIONS**

1. Any individual who has successfully completed the Certified Legal Assistant (CLA) examination of NALA (**copy of CLA certificate must be attached to application**); or
2. Any individual who has graduated from an ABA approved program of study for paralegals (**copy of diploma must be attached to application**); or
3. Any individual who has graduated from a course of study for paralegals, which is institutionally accredited but not ABA approved, and which requires no less than the equivalent of 60 semester hours of classroom study (**copy of diploma must be attached to application**); or
4. Any individual who has graduated from a course of study for paralegals other than those set forth in (2) and (3) above, plus not less than six months of in-house training as a paralegal, whose attorney-employer attests that such person is qualified and employed as a paralegal (**copy of diploma must be attached to application**); or
5. Any individual who has received a baccalaureate degree in any field, plus not less than six months in-house training as a paralegal, whose attorney-employer attests that such person is qualified and employed as a paralegal (**copy of diploma must be attached to application**); or
6. Any individual who has a minimum of two years of in-house training as a paralegal, and a minimum of five years of law-related experience under supervision of an attorney, whose attorney-employer attests that such person is qualified and employed as a paralegal as outlined in the definition of a paralegal.

**ATTORNEY/EMPLOYER ATTESTATION:** *This section must be completed by all applicants qualifying under requirements numbers 4, 5, and 6.*

I hereby attest that \_\_\_\_\_ is employed as a paralegal, and that he/she, under the supervision and direction of a lawyer, is capable of the following services, and the services generally described by the ABA's *Standing Committee on Paralegals*:

- Applying knowledge of the law and legal procedure in drafting legal documents in certain fields of law under the supervision of an attorney that absent the paralegal would be performed by the attorney;
- Exercising judgment and working independently with respect to assigned tasks; keeping and meeting legal deadlines;
- Preparing or interpreting legal documents for review by an attorney that absent the paralegal would be prepared or interpreted by an attorney;
- Performing factual research;
- Analyzing procedural problems and recommending solutions in certain fields of the law;
- Preparing detailed procedures for efficient handling in specialized field(s) of law; and
- Performs work that is not of a clerical nature.

I further attest that the applicant has been employed by me as a paralegal for \_\_\_\_\_ years/months; that the applicant's ethical and professional conduct are above reproach; and that he/she is recommended for membership in the Smoky Mountain Paralegal Association under requirement number \_\_\_\_\_.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Attorney/Employer