



**SMOKY MOUNTAIN PARALEGAL ASSOCIATION**

*an Affiliate of NALA – The Paralegal Association*

Post Office Box 445

Knoxville, Tennessee 37901

[www.smparalegal.org](http://www.smparalegal.org)

**NEW MEMBER APPLICATION FOR  
ASSOCIATE MEMBERSHIP**

*Associate Membership is open to any individual who would otherwise qualify under Numbers 4 and 5 of Active Membership, but has not yet received the minimum in-house training as a paralegal. Associate Members do not have voting privileges and may not serve as officers.*

**PERSONAL INFORMATION:**

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

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

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

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

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

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

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

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

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

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

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

***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.***

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

\_\_\_\_\_  
Date

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