

OKLAHOMA PARALEGAL ASSOCIATION

APPLICATION FOR MEMBERSHIP

Name: (_____ Ms. _____ Mr.) _____

Employer: _____

Employer's Address: _____

Office Telephone: (____) _____ E-mail: _____ Fax: (____) _____

Home Address: _____

County: _____ Home Telephone: (____) _____ E-mail: _____

Preferred Mailing Address (also determines membership region): _____ Office _____ Home _____

PLEASE SPECIFY MEMBERSHIP CLASSIFICATION

As used in this application, "legal assistant" means any person, while not admitted to the practice of law in Oklahoma, who has, through education, training or experience, demonstrated knowledge of the legal system, legal principles and procedures, and whose work involves the performance of substantial, in contrast to nominal or occasional, legal services under the supervision of a duly licensed attorney.

_____ **1. ACTIVE MEMBER.** An individual who meets at least one of the following requirements is eligible for active membership. This is the only membership classification which carries voting privileges. Active members are also the only OPA members who may serve as OPA officers, directors, or committee chairpersons. Please check the category or categories that qualify you for active membership: _____ (a) Successful completion of an institutionally accredited legal assistant program PLUS at least one year's experience as a legal assistant; or _____ (b) A minimum of five year's experience as a legal assistant; or _____ (c) A bachelor's or higher degree in any field PLUS at least one year's experience as a legal assistant; or _____ (d) Successful completion of the voluntary certification examination given by NALA, PLUS current employment as a legal assistant.

_____ **2. ASSOCIATE MEMBER.** An individual who meets at least one of the following requirements is eligible for associate membership. Associate members may participate on committees and receive the same benefits as active members, except for voting privileges and eligibility to serve as officers, directors or committee chairpersons. Please check the category or categories that qualify you for associate membership: _____ (a) Successful completion of an institutionally accredited legal assistant program, with less than one year's experience as a legal assistant; or _____ (b) One year's experience, but less than five year's experience, as a legal assistant; or _____ (c) A bachelor's or higher degree in any field, with less than one year's experience as a legal assistant; or _____ (d) Successful completion of the voluntary certification examination given by NALA, but not currently employed as a legal assistant.

_____ **3. STUDENT MEMBER.** An individual who is an actively enrolled student in an institutionally accredited legal assistant program. Student members may participate on committees and receive the same benefits as active members, except for voting privileges and eligibility to serve as officers, directors or committee chairpersons, except as chairperson of student committee. (NOTE: Any applicant who qualifies as a student member and as an active member or associate member may choose the preferred classification.)

_____ **4. SUSTAINING MEMBER.** One or more of the following who endorse the legal assistant concept or who are involved in the promotion of the legal assistant profession; members of the Oklahoma Bar Association; law firms; corporations; legal assistant educators; persons directly involved in the employment and/or supervision of legal assistants; and other members of the legal community, including, without limitation, law office administrators and court reporters. Sustaining members receive the same benefits as active members, except for voting privileges and eligibility to serve as officers, directors, or committee chairpersons.

APPLICANT'S ATTESTATION (ACTIVE AND ASSOCIATE). I hereby apply for membership in the Oklahoma Paralegal Association (OPA) and enclose a check in the amount specified on Page 4 of this application in payment of the annual dues. I understand that my application is subject to approval by OPA. I attest that (a) I am a resident of the State of Oklahoma; (b) I have never been convicted of a felony; (c) I qualify for the membership category I have selected on Page 1 of this application; and, (d) All information I have included in this application is true and complete. I give my consent to OPA to investigate my application and contact my present or former supervision attorney(s) for verification or clarification of my qualifications for membership. I further attest that I have read and agree to be bound by the Code of Ethics and Professional Responsibility of OPA and NALA, shown on Page 4 of this application, and I agree to be bound by the Disciplinary Procedures established by OPA.

Date _____ Applicant's Signature _____

SUPERVISING ATTORNEY'S ATTESTATION (ACTIVE AND ASSOCIATE). I hereby attest that the applicant performs substantial, in contrast to nominal or occasional, legal assistant services for me in my work as an attorney and that I supervise the applicant's assistance. I recommend the applicant for membership in OPA.

Name of Supervising Attorney _____
(Use one primary attorney only) (Please Print or Type Full Name)

Bar Number _____ Indicate State if not Oklahoma _____

Date _____ Attorney's Signature _____

STUDENT ATTESTATION. I hereby apply for membership in OPA and enclose a check in the amount specified on Page 4 of this application in payment of the annual dues. I hereby consent to OPA's investigation of my application and to OPA's contacting my present school for verification or clarification of my qualifications for student membership. I attest that I am 18 years of age or older, a resident of the State of Oklahoma and that I am actively enrolled in a legal assistant program and, as such, qualify as a student member. I further attest that I have read and agree to be bound by the Code of Ethics and Professional Responsibility of OPA and NALA, shown on Page 4 of this application, and I agree to be bound by the Disciplinary Procedures established by OPA. I HAVE SIGNED AND MAILED OR DELIVERED THE COORDINATOR'S VERIFICATION FORM TO MY PROGRAM COORDINATOR OR DIRECTOR. I UNDERSTAND THAT MY QUALIFICATION FOR MEMBERSHIP DEPENDS ON THE RETURN OF THE SIGNED VERIFICATION FORM TO OPA.

Date _____ Student's Signature _____

SUSTAINING MEMBER ATTESTATION. The undersigned attests that the undersigned supports and endorses the Code of Ethics and Professional Responsibility of OPA and NALA, shown on Page 4 of this application.

Date _____ Sustaining Member's Signature _____

(___ Law Firm) (___ Individual OBA Member) (___ Educator) (___ Legal Assistant Employer/Supervisor)
(___ Court Reporter) (___ Legal Administrator) (___ Corporation) (___ Other _____)

TO BE COMPLETED BY ALL APPLICANTS:

How did you learn about OPA? _____

Of the many benefits of OPA membership, which of the following MOST appeals to you: (___ Continuing Legal Education through seminars & workshop) (___ Meeting other legal assistants or students who share the same goals) (___ Obtaining information from NALA and learning of developments at the national level) (___ Assistance in locating future employment) (___ Playing a part in the advancement of the legal assistant profession) (___ Being able to take the CLA exams available only to members of NALA affiliates) (___ Supporting the legal assistant profession) (___ Other _____)

ACTIVE AND ASSOCIATE APPLICANTS ONLY

1. Total length of time working as a legal assistant: _____
2. Please list any other local or national legal assistant organizations of which you are a member: _____

3. Legal Assistant Education (check any that apply):

- ____ Associate's degree–legal assistant program School: _____ Year of Graduation: _____
- ____ Bachelor's degree–legal assistant program School: _____ Year of Graduation: _____
- ____ Certificate–legal assistant program School: _____ Year of Graduation: _____
- ____ Professional designations received: ____ CLA ____ CLAS – Specialty: _____
- ____ Some classroom hours in legal assistant program.
- ____ On the job training.
- ____ Other formal or special training for present position (list name and location of school): _____

4. Other education background: _____

5. Field(s) of law in which your legal assistance is concentrated (please indicate the percentage of each category that applies – must total 100%; if your supervision attorney has a general practice, check only "General Practice" unless there is also a particular specialized field).

- | | |
|---|--------------------------------|
| ____ Administration/Management | ____ Family Law |
| ____ Administrative Law | ____ General Practice |
| ____ Admiralty/Maritime | ____ Insurance |
| ____ Antitrust | ____ Labor/Employment |
| ____ Banking/Finance/Investment | ____ Medical Malpractice |
| ____ Bankruptcy | ____ Municipal Law and Finance |
| ____ Business Law | ____ Oil, Gas & Mineral Law |
| ____ Civil Litigation (General) | ____ Personal Injury |
| ____ Collections | ____ Products Liability |
| ____ Commercial Law | ____ Real Estate |
| ____ Contracts; Corporations/Partnerships | ____ Securities |
| ____ Criminal Law | ____ Taxation |
| ____ Employment Benefits | ____ Wills & Probate |
| ____ Estates and Trusts | ____ Workers' Compensation |
| ____ Other (please specify) _____ | |

6. Listed below are the OPA committees. While serving on a committee is not mandatory, it is the best way to meet other OPA members who share your same interests– and it is fun! Please indicate the committees in which you have an interest. We need you!

- | | |
|-------------------------------------|---|
| ____ Annual Meeting | ____ Nominations and Elections |
| ____ Bar Liaison/Legislative | ____ Professional Development/Education |
| ____ Budget and Finance | ____ Professional Ethics |
| ____ Bylaws Revision and Amendments | ____ Publications |
| ____ Credentials | ____ Public Relations |
| ____ Membership | ____ Student Committee |

DUES STRUCTURE

Active Members. Annual dues is \$50.00 per fiscal year (July 1-June 30). Dues is pro-rated as follows: After December 30 - \$25.00.

Associate Members. Annual dues is \$45.00 per fiscal year. Dues is pro-rated as follows: After December 30 - \$22.50.

Student Member. Dues is \$25.00 per fiscal year. Pro-rated dues is not offered to student members.

Sustaining Members. Dues is \$100.00 per fiscal year.

CODE OF ETHICS AND PROFESSIONAL RESPONSIBILITY

It is the responsibility of every legal assistant to adhere strictly to the accepted standards of legal ethics and to live by general principles of proper conduct. The performance of the duties of the legal assistant shall be governed by specific canons as defined herein in order that justice will be served and the goals of the profession attained. The canons of ethics set forth hereafter are adopted by the National Association of Legal Assistants, Inc. and the Oklahoma Paralegal Association as a general guide and the enumeration of these rules does not mean there are not others of equal importance although not specifically mentioned.

Canon I

A legal assistant must not perform any of the duties that attorneys only may perform nor take any actions that attorneys may not take.

Canon II

A legal assistant may perform any task which is properly delegated and supervised by an attorney as long as the attorney is ultimately responsible to the client, maintains a direct relationship with the client and assumes professional responsibility for the work product.

Canon III

A legal assistant must not:

- a. Engage in, encourage, or contribute to any act which could constitute the unauthorized practice of law; and,
- b. Establish attorney-client relationships, set fees, give legal opinions or advice or represent a client before a court or agency unless so authorized by that court or agency; and,
- c. Engage in conduct or take any action which would assist or involve the attorney in a violation of professional ethics or give the appearance of professional impropriety.

Canon IV

A legal assistant must use discretion and professional judgment commensurate with knowledge and experience but must not render independent legal judgment in place of an attorney. The services of an attorney are essential in the public interest whenever such legal judgment is required.

Canon V

A legal assistant must disclose his or her status as a legal assistant at the outset of any professional relationship with a client, attorney, a court or administrative agency or personnel thereof, or a member of the general public. A legal assistant must act prudent in determining the extent to which a client may be assisted without the presence of an attorney.

Canon VI

A legal assistant must strive to maintain integrity and high degree of competency through education and training with respect to professional responsibility, local rules and practice, and through continuing education in substantive areas of law to better assist the legal profession in fulfilling its duty to provide legal service.

Canon VII

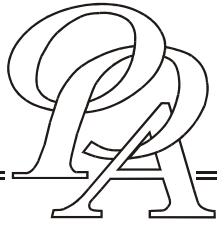
A legal assistant must protect the confidences of a client and must not violate any rule or statute now in effect or hereafter enacted controlling the doctrine of privileged communications between a client and an attorney.

Canon VIII

A legal assistant must do all other things incidental, necessary or expedient for the attainment of the ethics and responsibilities as defined by statute or rule of court.

Canon IX

A legal assistant's conduct is guided by bar associations' codes of professional responsibility and rules of professional conduct.



OKLAHOMA PARALEGAL ASSOCIATION

(STUDENT: PLEASE COMPLETE AND SIGN THIS FORM THEN MAIL OR DELIVER THIS FORM TO THE LEGAL ASSISTANT PROGRAM COORDINATOR OR DIRECTOR. YOU OR THE COORDINATOR OR DIRECTOR SHOULD THEN RETURN THIS FORM TO OPA AT THE ADDRESS SHOWN BELOW.)

Student's Full Name

Social Security Number

Name of School or Institution

I have applied for membership in the Oklahoma Paralegal Association as a student member. In order to qualify, I must provide verification from the coordinator of the legal assistant program of my college or university. Therefore, please verify that I am actively enrolled in the legal assistant program of your college or university by signing the Coordinator's Verification below and mailing this form to:

**Oklahoma Paralegal Association
714 Maple Drive
Weatherford, OK, 73096**

You have my permission to furnish additional information or clarification as requested by the Oklahoma Paralegal Association in verifying my active enrollment.

Date: _____ Signature: _____
Student's Signature

COORDINATOR'S VERIFICATION

This will serve as verification by the undersigned that: (a) I am the coordinator or director of the legal assistant program at the school or institution named above; and, (b) that the student named above is actively enrolled in the program of which I am the coordinator or director. I recommend the applicant for student membership in the Oklahoma Paralegal Association.

Date: _____ Signature: _____

Printed Name: _____

Title: _____

OKLAHOMA PARALEGAL ASSOCIATION

An Affiliate of the National Association of Legal Assistants (NALA)

SCHEDULE OF ANNUAL MEMBERSHIP FEES for APPLICATION FOR MEMBERSHIP

Fiscal Year: July 1 through June 30

Active:	\$ 50.00
Associate:	\$ 45.00
Student:	\$ 25.00
Corporate or Sustaining:	\$100.00

(renewal notices mailed annually)

Make Checks Payable to:
OKLAHOMA PARALEGAL ASSOCIATION

Mailing address:

**Oklahoma Paralegal Association
714 Maple Drive
Weatherford, OK, 73096**

For additional information please contact:

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