



OKLAHOMA PARALEGAL ASSOCIATION

MEMBERSHIP RENEWAL APPLICATION

July 1 - June 30

- Active Membership (\$50.00 per year) Student Membership (\$25.00 per year)
 Associate Membership (\$45.00 per year) Sustaining Membership (\$100.00 per year)

Please indicate the appropriate membership above, complete the information requested below, and submit this renewal application form with your dues, payable to the OKLAHOMA PARALEGAL ASSOCIATION, and mail to OPA Treasurer, 714 Maple, Weatherford, OK 73096. Please remember that dues not received by July 31st will result in lapse of membership.

NAME: _____

CLA _____ CLAS _____ If CLAS please state area of specialty: _____

PRACTICE AREAS: _____

EMPLOYER: _____

EMPLOYER'S MAILING ADDRESS: _____

COUNTY: _____ E-mail: _____

Office Telephone No.: (_____) _____ Fax No.: (_____) _____

HOME MAILING ADDRESS: _____

_____ COUNTY: _____

Home Telephone No.: (_____) _____ Fax No. (_____) _____

PREFERRED MAILING ADDRESS: Office _____ Home _____ Email: _____

MEMBER SINCE: _____

COMMITTEE(S) YOU VOLUNTEER TO SERVE: _____

(Reference OPA Bylaws for list of committees and duties.)

I hereby apply for renewal of my membership in the Oklahoma Paralegal Association for the year 2_____ - 2_____, and enclose payment of my annual dues as indicated above.

DATED: _____

SIGNATURE: _____

If you have any questions about or changes in your membership status, please contact Cassandra Oliver, CLA, OPA Membership Chairperson, 918/573-6650, The Williams Cos., PO Box 2400, MD#47, Tulsa, OK 74102.

**This serves as your Renewal Notice.
Please remit your dues promptly.**