

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

SCHEDULE OF ANNUAL MEMBERSHIP FEES
for
APPLICATION FOR MEMBERSHIP

Fiscal Year: January 1 to December 31

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
127 N.W. 18th Street
Oklahoma City, OK 73103

For additional information please contact:

J. Lynn McKay, CP - President
2509 N.W. 118th Street
Oklahoma City, OK 73120
(405) 755-6714
jlmkay@swbell.net

Johnanna Oglesby, CLA - Vice-President
J. Ralph Moore, P.C.
P.O. Box 368
Pryor, OK 74362
(918) 825-0332
jrmopc@swbell.net

Oklahoma Paralegal Association



APPLICATION FOR MEMBERSHIP

NAME: (___ Ms. ___ Mrs. ___ Mr.) _____

CLA ___ or CP ___ CLAS ___ or APC ___ If CLAS or APC, please state area of specialty: _____

EMPLOYER: _____

EMPLOYER'S MAILING ADDRESS: _____

Office Phone: (____) _____ Fax: (____) _____ COUNTY: _____

Work E-mail: _____

HOME MAILING ADDRESS: _____

Home Phone: (____) _____ Fax: (____) _____ COUNTY: _____

Home Email: _____

PREFERRED MAILING ADDRESS: Office _____ Home _____ (also determines membership region)

PLEASE SPECIFY MEMBERSHIP CLASSIFICATION

As used in this application, "legal assistant/paralegal" 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, or provide proof of certification and proof of completion of 10 hours of continuing legal education in the year prior to submitting the membership application .

_____ **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, 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 attest that the applicant performs or has performed substantial, in contrast to nominal or occasional, legal assistant/paralegal services for me in my work as an attorney, and that I currently supervise or have supervised 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.

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. Year of Graduation: _____
School: _____

____ Bachelor's degree–legal assistant program. Year of Graduation: _____
School: _____

____ Certificate–legal assistant program. Year of Graduation: _____
School: _____

____ Professional designations received: ____ CLA ____ CLAS or APC
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 educational 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 |

- | | |
|---|--|
| <input type="checkbox"/> Banking/Finance/Investment | <input type="checkbox"/> Medical Malpractice |
| <input type="checkbox"/> Bankruptcy | <input type="checkbox"/> Municipal Law and Finance |
| <input type="checkbox"/> Business Law | <input type="checkbox"/> Oil, Gas & Mineral Law |
| <input type="checkbox"/> Civil Litigation (General) | <input type="checkbox"/> Personal Injury |
| <input type="checkbox"/> Collections | <input type="checkbox"/> Products Liability |
| <input type="checkbox"/> Commercial Law | <input type="checkbox"/> Real Estate |
| <input type="checkbox"/> Contracts; Corporations/Partnerships | <input type="checkbox"/> Securities |
| <input type="checkbox"/> Criminal Law | <input type="checkbox"/> Taxation |
| <input type="checkbox"/> Employment Benefits | <input type="checkbox"/> Wills & Probate |
| <input type="checkbox"/> Estates and Trusts | <input type="checkbox"/> Workers' Compensation |
| <input type="checkbox"/> 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!

- OBA Liaison Committee
- Budget and Finance
- Bylaws and Standing Rules
- OBA Joint Seminar / Hospitality Room
- Student Committee / Board Liaison – Student Director
- Long Rang Planning / Professional Development
- Nominations and Elections / Credentials
- Membership / Roster
- Publications
- Public Relations
- Seminar Committee

DUES STRUCTURE

Fiscal Year: January 1 to December 31

- Active Members.** Annual dues are \$50.00 per fiscal year (Jan 1 to Dec 31).
Pro-rated dues as follows: After Jun 1 - \$25.00.
- Associate Members.** Annual dues are \$45.00 per fiscal year.
Pro-rated dues as follows: After Jun 1 - \$22.50.
- Student Member.** Annual dues are \$25.00 per fiscal year.
Pro-rated dues are not offered to student members.
- Sustaining Members.** Annual dues are \$100.00 per fiscal year.
Pro-rated dues are not offered to sustaining members.

Make Checks Payable to:
OKLAHOMA PARALEGAL ASSOCIATION



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
127 N.W. 18th Street
Oklahoma City, OK 73103

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: _____