

LOCAL GOVERNMENT PARALEGAL ASSOCIATION OF VIRGINIA, INC.

Application for Membership

The members of the corporation must be of the following classifications: (1) Active, (2) Associate, (3) Sustaining or (4) Retired. Only active and associate members shall have the right to vote or hold office.

Active Member: A paralegal employed by any city, county, town, school district, and/or government office located within the Commonwealth of Virginia. All Active Members shall have all the rights and privileges of this Association, including the right to vote and hold elected or appointed office.

Sustaining Members: Any individual, company or institution supporting the goals and objectives of LGPA may become sustaining members with the approval of the Board of Directors and upon payment of annual dues. Sustaining Members shall have all the privileges of this Association, except that they shall not have the right to vote or hold elected or appointed office.

Associate Member: A paralegal employed by (1) other government entities concerned with one or more facets of municipal law; or (2) private attorneys whose practice involves municipal law. Associate Members shall have all the rights and privileges of this Association, including the right to vote and hold elected or appointed office.

Retired Members: Any paralegal who was a former active or associate member in good standing and has since retired. Retired Members shall have all the privileges of this Association, except that they shall not have the right to vote or hold elected or appointed office.

Please type or print:

Name: _____

Employer: _____

Employer Address: _____

Work Number: (_____) _____ Fax Number: (_____) _____

Email Address: _____

Job Title: _____ Designation (CLA, CP, RP): _____

Specialty/Area(s) of Practice: _____

Home Address: _____

Home Number: (____) _____ Cell Number: (____) _____

How long employed as a Legal Assistant/Paralegal: _____

Total years of legal experience: _____

I hereby apply for membership in the **Local Government Paralegal Association of Virginia, Inc.** in the following category:

Active Associate Sustaining Retired

I agree to be bound by the Code of Ethics and Professional Responsibility and by the Bylaws as adopted by the Local Government Paralegal Association of Virginia, Inc. I further understand that this application is subject to approval by the Board of Directors of the Local Government Paralegal Association of Virginia, Inc.

Date: _____ Signature of Applicant: _____

Dues for January 1, 2010 through December 31, 2010

- \$25.00 (Active & Associate Members)
- \$30.00 (Sustaining Members)
- \$10.00 (Retired Members)

Please make check payable to *Local Government Paralegal Association of Virginia* (Tax ID #54-1957979) and return to:

**Marsha A. Davis, Treasurer
Local Government Paralegal Association of Virginia
C/o Albemarle County Attorney's Office
401 McIntire Road, Room 325
Charlottesville, Virginia 22902**

The annual dues shall be due and payable on January 1st each year and shall not be prorated. A member whose dues are not paid on or before March 30th shall be considered delinquent.