

# KANSAS PARALEGAL ASSOCIATION MEMBERSHIP APPLICATION

## MEMBERSHIP YEAR:

July 1, 2007 through June 30, 2008

Please e-mail the completed application to: Janice Ayers at [jayers@sloanlawfirm.com](mailto:jayers@sloanlawfirm.com).

Mail dues payment to: KPA, PO Box 1675, Topeka, KS 66601

DATE: \_\_\_\_\_

Enter preferred e-mail address for all correspondence: \_\_\_\_\_

Mail correspondence to:

☐ Residence

☐ Business

Membership Directory address:

☐ Residence

☐ Business

MEMBER NAME: \_\_\_\_\_

EMPLOYER: \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY/STATE/ZIP \_\_\_\_\_

PHONE \_\_\_\_\_

FAX \_\_\_\_\_

RESIDENCE: \_\_\_\_\_

CITY/STATE/ZIP \_\_\_\_\_

PHONE \_\_\_\_\_

SCHOOL NAME: \_\_\_\_\_

(IF STUDENT)

## MEMBERSHIP CATEGORY

Choose One

Half-Year Membership Pricing Available  
SPECIALTY

Choose as  
many as apply

☐ Litigation

☐ Bonds

☐ Labor

☐ Probate

☐ Corporate

☐ Bankruptcy

☐ Worker's Comp

☐ Tax

☐ Real Estate

☐ Government

☐ Estate Planning

☐ Domestic Relations

☐ Other

## FULL MEMBERSHIP YEAR

JULY 1 - JUNE 30

## COMMITTEES:

Please select  
multiple boxes  
for committee  
assignments

☐ PACE

☐ Seminar

☐ Marketing

☐ Job Registry

☐ Education

☐ Publications

☐ Membership

☐ Pro Bono

**NATIONAL AFFILIATION:** KPA is a member association of the National Federation of Paralegal Associations, Inc. (NFPA). By virtue of your joining this association, you are a member of NFPA and \$25.00 of your dues is forwarded to the NFPA for your membership in the NFPA, of which, a portion pays for your subscription to the National Paralegal Reporter. NFPA dues are not deductible as charitable contributions for income tax purposes. However, expenses may be deductible under business expenses, subject to restrictions imposed as a result of association lobbying activities. NFPA estimates that the nondeductible portion of your NFPA dues is 9% of the \$25.00.

**CONVICTIONS, EXPULSIONS, SUSPENSIONS, REVOCATIONS:** Have you ever been convicted of a felony, expelled or suspended from membership in a law related professional organization, or had a license or permit to practice in a profession revoked or suspended?

***Membership is not available to those incarcerated.***

☐ YES

☐ NO

If yes, please explain in detail.

**APPLICATION STATEMENT:** I hereby apply for membership in the Kansas Paralegal Association and certify that I am eligible for the membership category checked above. I understand that my annual dues payment entitles me to all the benefits of membership for the category which I have selected. I hereby authorize KPA to utilize my e-mail address for all correspondence. I understand it is my responsibility to keep my district director apprised of my current e-mail address.

TYPED NAME  
OR SIGNATURE \_\_\_\_\_

**By returning this form via electronic mail, I hereby provide my electronic signature and verify that the above information is true and correct to the best of my knowledge.**

DATE: \_\_\_\_\_

**MEMBERSHIP CATEGORIES**

<b>VOTING</b>	-	<b>\$ 65.00</b>
<b><i>Voting Half-Year</i></b>	-	<b>\$ 32.50</b>
<b>STUDENT</b>	-	<b>\$ 30.00</b>
<b><i>Student Half-Year</i></b>	-	<b>\$ No Change</b>
<b>AFFILIATE</b>	-	<b>\$ 55.00</b>
<b><i>Affiliate Half-Year</i></b>	-	<b>\$ 27.50</b>
<b>SUSTAINING</b>	-	<b>\$ 100.00</b>
<b><i>Sustaining Half-Year</i></b>	-	<b>\$ 50.00</b>
<b>EDUCATOR</b>	-	<b>\$ 40.00</b>
<b><i>Educator Half-Year</i></b>	-	<b>\$ No Change</b>
<b>RETIRED</b>	-	<b>\$ 30.00</b>
<b><i>Retired Half-Year</i></b>	-	<b>\$ No Change</b>

***Applications completed on-line  
via the ACTEVA link do not qualify  
for half-price memberships .***