



Application for Membership

_____ Active (\$40) _____ Sustaining (\$20)
_____ Associate (\$30) _____ Student (\$10)

Personal Information

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____

Email Address: _____

Employer Information

Employer Name: _____

Employer Address: _____

Employer City: _____ State: _____ Zip Code: _____

Office Phone: _____ Office Fax: _____

Office Email Address: _____

Educational Background

School Name: _____

Month/Date of Graduation: _____

Type of Degree: _____

Are you a Certified Paralegal? Yes _____ No _____

Please make your check payable to the following:

Greater New York Paralegal Association, Inc.

Payments should be sent to the following:

Greater New York Paralegal Association

P.O. Box 1033

Melville, NY 11747-0033