

PLEASE PRINT OR TYPE

Full Name: _____

Home Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Name of School: _____

Do you work? Yes Fulltime Part-time No

Employer: _____

Work Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Preferred email address: _____

(All GMPA correspondence will be by email. Please notify GMPA of any changes at GMPAContact@gmail.com)

I would like to opt out of email sharing among membership (including sustaining members). Opt out

Type of Membership Application: Renewal New

Number of years as GMPA member: _____ NALA Member: Yes No

APPLICANT ATTESTATION

All GMPA members shall be bound by the Code of Ethics and Professional Responsibility as adopted by the National Association of Legal Assistants, Inc. ("NALA"), which includes being governed by the ABA Model Code of Professional Responsibility and the ABA Model Rules of Professional Conduct. These can be found at www.nala.org. By signing below, you agree to be bound as stated above.

Student Signature: _____ Date: _____

STUDENT/PROGRAM DIRECTOR ATTESTATION

I hereby attest that _____, an applicant for student membership in GMPA is currently enrolled in the Paralegal program/course of study at _____.

Length of Paralegal Training Program: _____ Expected Date of Graduation: _____

Accredited By: _____

Address _____

City: _____ State: _____ Zip: _____ Phone: _____

Is the program certified by the American Bar Association? Yes No

Name of Program Director (please print): _____

Signature of Program Director: _____ Date: _____

Signature of Student: _____ Date: _____