



MEMBERSHIP APPLICATION

☐ **REGULAR** membership is open to any person who is: (1) an Illinois resident employed as a paralegal on a full-time basis in the State of Illinois; or (2) a non-Illinois resident employed as a paralegal on a full-time basis in the State of Illinois; or (3) an Illinois resident employed as a paralegal on a full-time basis in any State contiguous to Illinois. *Regular Membership is \$85.00*

☐ **ASSOCIATE** membership is open to (1) any person employed as a paralegal on a part-time basis in the State of Illinois; or (2) any person formerly employed as a paralegal; or (3) any graduate of a formal course of paralegal study from an accredited institution who is seeking a paralegal position. *Associate Membership is \$70.00*

☐ **EMERITUS** membership is open to a Regular Member who has been in good standing for at least the preceding five consecutive years and is no longer engaged in the paralegal profession, provided that he/she (1) retired from the paralegal profession; or (2) is disabled or handicapped such that he/she is no longer engaged in the paralegal profession. Emeritus members may attend meetings of the members and directors, may serve on committees, and will receive, via e-mail, all of the Corporation's publications, but shall be excluded from voting, from holding elected office and from appointment as committee chairpersons. *Emeritus Membership is \$50.00*

☐ **STUDENT** membership is open to (1) any Illinois resident who is enrolled in a formal course of paralegal study from an accredited institution in pursuit of a certificate or degree and is not working as a paralegal; or (2) to any non-Illinois resident residing in a state contiguous to Illinois, and who is also enrolled in a formal course of paralegal study from an accredited institution in Illinois in pursuit of a certificate or degree and is not working as a paralegal. *Student Membership is \$50.00 (Please list name of School)* _____

☐ **SUSTAINING** membership is open to any person, law firm, business or other organization interested in furthering the purposes of the Corporation. *Sustaining Membership is \$175.00*

☐ **EDUCATIONAL INSTITUTION** membership is open of any formal educational institution with a program in paralegal or legal studies. *Educational Institution Membership is \$175.00*

First Name _____ Middle Initial _____ Last _____

PLEASE ENTER YOUR PREFERRED MAILING ADDRESS:

Employer (if applicable) _____

Address _____ Apartment/Suite Number _____

City, State, Zip _____ Telephone # _____

E-mail Address _____

I hereby certify that I meet the criteria of the membership class and the definition of a paralegal. I affirm that I am not a disbarred or suspended attorney, and that I have not been found to have engaged in the unauthorized practice of law. Further, I understand that once approved as a member of IPA, I am subject to all of the provisions contained in the IPA's Illinois Code of Paralegal Ethics.

Signature _____ Date _____

IPA's membership year shall be twelve consecutive months based on initial join date. Dues are payable on or before the membership expiration date.

IPA is a 501(c)(6) tax-exempt organization. Contributions or gifts to IPA are not deductible as charitable contributions for federal income tax purposes. Dues payments may be deductible as a business expense.

REFERRED BY: _____

Mail a check or money order to the Post Office box. Or, complete portion below and email your application to IPA@ipaonline.org.

☐ Visa ☐ MasterCard ☐ Discover ☐ American Express

Name on Card _____ Signature _____

Card Number _____ Expiration _____ Security Code _____

Billing Address _____ Billing City _____ Billing State _____ Billing Zip _____