

PARALEGAL ASSOCIATION/PERMIAN BASIN  
P.O. BOX 10683  
MIDLAND, TEXAS 79702

---

**Definition of a Paralegal**

A paralegal is a person, qualified through education, training or work experience, who is employed or retained by a lawyer, law office, governmental agency, or other entity in a capacity or function which involves the performance, under the ultimate direction and supervision of an attorney, of specifically delegated substantive legal work, which work, for the most part, requires a sufficient knowledge of legal concepts that, absent such assistant, the attorney would perform the task.

Adopted February 1986, by the Board of Governors of the American Bar Association

Adopted June 19, 1986 by the Legal Assistants Division of the State Bar of Texas

Adopted October 4, 1986 by the State Bar of Texas Standing Committee on Legal Assistants.

Adopted April 8 2005 by the State Bar of Texas Board of Directors

---

**APPLICATION FOR ACTIVE/ASSOCIATE MEMBERSHIP**

---

**THIS SECTION TO BE COMPLETED BY ALL APPLICANTS**

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State/Zip: \_\_\_\_\_  
Employer: \_\_\_\_\_ Business Phone: \_\_\_\_\_  
Office Address: \_\_\_\_\_ City: \_\_\_\_\_ State/Zip: \_\_\_\_\_  
Office Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State/Zip: \_\_\_\_\_  
Preferred Mailing Address: Home: \_\_\_\_\_ Office: \_\_\_\_\_ Birth date (mm/dd): \_\_\_\_\_  
Email address: \_\_\_\_\_

*Please check any of the following information you will allow to be reprinted in the PA/PB member directory*

\_\_\_\_\_ All information      \_\_\_\_\_ Work Address      \_\_\_\_\_ Work Telephone      \_\_\_\_\_ Birthdate  
\_\_\_\_\_ Email Address      \_\_\_\_\_ Home Address      \_\_\_\_\_ Home Telephone  
\_\_\_\_\_ *DO NOT REPRINT ANY INFORMATION*

I am applying for **Active** \_\_\_\_\_ **Associate** \_\_\_\_\_ membership.

---

**TO BE COMPLETED BY APPLICANT FOR ACTIVE MEMEBERSHIP**  
**(Dues: \$35 per year)**

Name of Supervising Attorney: \_\_\_\_\_

Applicant's years of legal experience: \_\_\_\_\_. Applicant's years employed as a paralegal: \_\_\_\_\_  
I hereby certify that I am employed as a paralegal performing substantial (in contrast to nominal or occasional) paralegal services under the direct supervision of a duly Licensed attorney and that I qualify for membership in PARALEGAL ASSOCIATION/PERMIAN BASIN ("PA/PB") under the category(y)(ies) checked below. CONSENT IS HEREBY GRANTED TO PA/PB TO CONTACT MY PRESENT AND/OR FORMER SUPERVISING ATTORNEY(S) FOR VERIFICATION OR CLARIFICATION OF MY QUALIFICATIONS FOR MEMBERSHIP.

**Please check the appropriate category and furnish the information requested**

\_\_\_\_\_ 1. A Certified Legal Assistant/Paralegal  
(PLEASE ATTACH PROOF OF CERTIFICATION, i.e. copy of letter from NALA or copy of Certificate)

Date Certified: \_\_\_\_\_ Date recertified (if applicable): \_\_\_\_\_

\_\_\_\_\_ 2. Graduation from full course of studies prescribed for training as a paralegal at a college, university, or other post-secondary school. (PLEASE ATTACH PROOF OF GRADUATION, i.e. copy of certificate or diploma.)

Date of graduation: \_\_\_\_\_

Name and Address of School: \_\_\_\_\_

\_\_\_\_\_ 3. A baccalaureate degree in any field, plus at least six months of in-house training as a paralegal.  
(PLEASE ATTACH PROOF OF DEGREE, i.e., copy of diploma)

Degree earned: \_\_\_\_\_ Date of graduation: \_\_\_\_\_

Name and address of school: \_\_\_\_\_

Name and address of attorney who supervised in-house training: \_\_\_\_\_

\_\_\_\_\_ 4. A minimum of four (4) years of law-related experience under the supervision of an attorney, including at least one year of in-house training as a paralegal.

Location and nature of law-related experience: \_\_\_\_\_

Name and address of attorney who supervised in-house training: \_\_\_\_\_

\_\_\_\_\_ 5. Two years of in-house training as a paralegal.

Name and address of attorney who supervised in-house training: \_\_\_\_\_

I understand that PA/PB is an affiliate member of the National Association of Legal Assistants, Inc. ("NALA") and has adopted the Code of Ethics and Professional Responsibilities of NALA. I agree to be bound by the Code of Ethics and Professional Responsibility of NALA and by the Bylaws of PA/PB. I further understand that this application is subject to approval by PA/PB.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**SUPERVISING ATTORNEY VERIFICATION**

I hereby verify that the job description of \_\_\_\_\_ meets the ABA definition of a Paralegal and that the applicant is supervised by a duly licensed attorney.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Attorney's Printed Name and State Bar Card Number: \_\_\_\_\_

**TO BE COMPLETED BY APPLICANT FOR ASSOCIATE MEMBERSHIP**  
**(Dues - \$20 per year)**

**Please check the appropriate category and furnish the information requested:**

\_\_\_\_\_ 1. Presently employed as a paralegal but has not satisfied the in-house training requirements set out under Nos. 3, 4, or 5 of Active application.

Name of supervising attorney: \_\_\_\_\_ Years of legal experience: \_\_\_\_\_  
(SUPERVISING ATTORNEY MUST VERIFY BY COMPLETTING APPROPRIATE SECTION ON PREVIOUS PAGE)

\_\_\_\_\_ 2. Currently enrolled in a course of study for legal assistants.

Name and address of school: \_\_\_\_\_

Anticipated graduation date: \_\_\_\_\_

\_\_\_\_\_ 3. Graduate of a paralegal program but not currently employed as a paralegal.  
(PLEASE ATTACH PROOF OF GRADUATION.)

Name and address of school: \_\_\_\_\_

Date of graduation: \_\_\_\_\_

\_\_\_\_\_ 4. Previously employed as a paralegal but not currently employed as a paralegal.

Name and address of previous employer: \_\_\_\_\_

Duration of employment: From: \_\_\_\_\_ to \_\_\_\_\_

\_\_\_\_\_ 5. Presently employed as a legal assistant meeting one of the criteria set out under Active Membership, but not supervised by an attorney, i.e., administrators, federal and/or state employees who are authorized by their employer, under the terms of the job description, to function without direct attorney supervision.

\_\_\_\_\_ 6. Legal educator.

\_\_\_\_\_ 7. Attorney.

\_\_\_\_\_ 8. Other legal professional.

---

I understand that PA/PB is an affiliate member of NALA and has adopted the Code of Ethics and Professional Responsibility of NALA. I agree to be bound by such Code of Ethics and Professional Responsibility and by the Bylaws of PA/PB. I further understand that this application is subject to approval by PA/PB and that if I am accepted for associate membership, I shall have all the privileges of an active member except that I may not vote or hold office.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Please return completed application to:**

**Membership Chairman, PA/PB  
P.O. Box 10683  
Midland, Texas 79702**

**For Association Use Only:**

**DATE RECEIVED: \_\_\_\_\_**  
**DATE APPROVED: \_\_\_\_\_**  
**DATE NOTIFIED: \_\_\_\_\_**