

Pima County Bar Association

Membership Application Legal Assistant Member Y2008

Name _____

Firm/Agency: _____

Address: _____

Telephone: _____ Fax: _____ E-mail address _____

Qualifications: An individual shall be eligible for Legal Assistant Associate membership in the Pima County Bar Association if such individual meets and maintains the following criteria:

INITIAL #1 INDICATING YOUR COMPLIANCE AND CHECK EITHER (A) OR (B) FROM #2

(1) _____ The applicant, although not a member of the legal profession, is qualified through education, training or work experience and 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 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 such that, absent that legal assistant, the attorney would perform the task; AND

(2) The applicant is either:

a) An individual who has successfully completed and maintains a certified legal assistant status through examination and compliance with the National Association of Legal Assistants testing requirements for certified status; OR,

b) An individual who has maintained the principal occupation of a legal assistant for a minimum of three

(3) years; and, who has provided an attestation of a supervising attorney who is also a member of the Pima County Bar Association who attests to the occupation and length of employment.

Application. The application of a Legal Assistant Associate must indicate that the applicant is proposed by a Regular member or Associate Member in good standing of the Pima County Bar Association.

I am a member in good standing of the Pima County Bar Association. By my signature below I propose the applicant be admitted to Legal Assistant Associate membership.

Signature/Applicant sponsor

Print Name

Date

I hereby certify that my status as a certified legal assistant with NALA is current. Further, if this application is approved, I agree to conform to the code of professional duties and responsibilities of membership and in accordance with the Arizona Rules of Professional Conduct as adopted by the Arizona Supreme Court.

Applicant's Signature

Date

Supervising Attorney (per 2b above)

Print Name

Date

Membership Dues Statement

January 1 - December 31, 2008

NAME: _____

Check one box:

Regular Attorney/Voting Member

- Over five years since admission to the State Bar of Arizona \$ 60.00
 Five years or less since admission to the State Bar of Arizona
and/or under 36 years of age \$ 50.00
 New lawyer admitted to practice in AZ within the last year \$ -0-
 Over 75 years of age AND still in the practice of law \$ -0-

Associate Attorney/Non-voting Member \$ 60.00

Member in good standing/State Bar of _____

Associate/Non-voting Member

Legal Assistant meeting membership criteria \$ 60.00

TOTAL DUES ENCLOSED \$ _____

Optional donation to -

Volunteer Lawyers Program \$ _____

A program of Southern Arizona Legal Aid, Inc., sponsored by PCBA

If you **DO NOT** want your name listed as a donor

in *The Writ*, please check this box

TOTAL ENCLOSE \$ _____

For MasterCard/Visa charges, please indicate:

NAME SIGNATURE

CARD NUMBER EXPIRATION DATE

Thank you for your support!

177 N. Church Ave., #101 ■ Tucson, AZ 85701 ■ TELE: 520/623-8258 ■ FAX: 520/623-9772