

PIMA COUNTY BAR ASSOCIATION

2010 Legal Support Membership – Supplemental Form

Name: _____

Firm/Agency: _____

Address: _____

Telephone: _____ Fax: _____ E-mail: _____

Qualifications: An individual serving as a legal assistant, paralegal, legal office administrator, or court personnel shall be eligible for Legal Support Associate membership in the Pima County Bar Association if such individual meets and maintains the following criteria:

1. INITIAL INDICATING YOUR COMPLIANCE

_____ 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 or Judge, of specifically-delegated substantive legal-oriented work, which for the most part, requires a sufficient knowledge of legal concepts **AND**

2. CHECK A OR B:

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 maintains certified paralegal status with professional paralegal certification through NALS;

OR

- B) An individual who has maintained the principal occupation of a legal assistant, paralegal, legal office administrator, or court personnel for a minimum of 3 years; and, who can provide an attestation of his or her occupation and length of employment by a supervising attorney or judge who is also a member of the Pima County Bar Association.

Supervising Attorney/Judge (per #2B above) Print Supervisor's Name Date

3. **APPLICATION:** The application of ALL Legal Support Associate Members must include sponsorship by a Voting Member or Associate Attorney 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 Support Associate membership.

Signature of Applicant Sponsor Print Name Date

I hereby certify that my certification or employment status in #2 above is current and correct. 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.

Legal Support Applicant's Signature Date