

SEQUOIA PARALEGAL ASSOCIATION

P. O. Box 2483
Visalia, CA 93279

APPLICATION FOR MEMBERSHIP

SUSTAINING MEMBERSHIP (\$60.00) _____

VOTING MEMBERSHIP (\$40.00) _____

I certify that I am in compliance with the requirements of Business and Professions Code Section 6450, et seq.

Executed on _____, at _____, California.

Signed _____

Print Name: _____

ASSOCIATE MEMBERSHIP (\$25.00) _____

STUDENT MEMBERSHIP (\$12.00) _____

TOTAL ENCLOSED _____*

*Please make checks payable to Sequoia Paralegal Association and mail to the above address

I AM INTERESTED IN VOLUNTEERING ON THE FOLLOWING SPA COMMITTEES:

Please circle your choice(s):

Fundraisers

General Meetings

Membership

Newsletter

Web Site

Job Bank

As Needed

CONTACT INFORMATION:

Name: _____ Work specialty: _____

Home Address: _____ Phone #: _____

Employer: _____ Address: _____

City: _____ Work Phone #: _____

Cell #: _____ e-mail: _____