

**Member Renewal Application**

Rev. 03/07

**TULSA ASSOCIATION OF LEGAL ASSISTANTS (TALA)  
AN AFFILIATE OF THE NATIONAL ASSOCIATION OF LEGAL ASSISTANTS (NALA)**

NAME:	_____	HOME:	_____
ADDRESS:	_____	CITY/ZIP:	_____
EMPLOYER:	_____	OFFICE:	_____
EMPLOYER ADDRESS:	_____	CITY/ZIP:	_____
EMAIL:	_____	SPECIALTY (IF ANY):	_____

PLEASE INDICATE WHICH ADDRESS YOU WISH TO RECEIVE TALA CORRESPONDENCE:  HOME  EMPLOYER

ENCLOSED ARE MY DUES IN THE AMOUNT OF \$ \_\_\_\_\_ FOR THE YEAR \_\_\_\_\_  
ANNUAL DUES: \$55.00 FOR ACTIVE & ASSOCIATE MEMBERS; \$25.00 FOR STUDENT MEMBERS

**ACTIVE MEMBERSHIP** (ANNUAL DUES PAYABLE BY JANUARY 1 OF EACH YEAR)

- \_\_\_ A SUCCESSFUL COMPLETION OF THE CLA/CP EXAMINATION ADMINISTERED BY NALA.  
CLA/CP \_\_\_\_\_ CLAS/ACP IN \_\_\_\_\_
- \_\_\_ B GRADUATION FROM AN ABA ACCREDITED PARALEGAL/LEGAL ASSISTANT PROGRAM.  
NAME OF SCHOOL: \_\_\_\_\_
- \_\_\_ C GRADUATION FROM COURSE OF STUDY FOR LEGAL ASSISTANTS WHICH IS INSTITUTIONALLY ACCREDITED, NOT ABA APPROVED, BUT IS IN SUBSTANTIAL COMPLIANCE WITH ABA GUIDELINES.
- \_\_\_ D BACCALAUREATE OR ASSOCIATE DEGREE PLUS 2 YEARS OF PARALEGAL WORK EXPERIENCE OR COMPLETION OF SEMESTER HOURS AS REQUIRED BY THE ABA APPROVAL GUIDELINES.
- \_\_\_ E HIGH SCHOOL DIPLOMA OR ITS EQUIVALENT AND AT LEAST FIVE YEARS OF PARALEGAL WORK EXPERIENCE.  
(OBTAIN CERTIFICATION BELOW).

**ASSOCIATE MEMBERSHIP** (ANNUAL DUES PAYABLE JANUARY 1 OF EACH YEAR)

- \_\_\_ F BAR ASSOCIATION MEMBERS ENDORSING PARALEGAL PROFESSION.
- \_\_\_ G MEMBERS OF THE EDUCATIONAL FIELD ENDORSING PARALEGAL PROFESSION.
- \_\_\_ H DIRECTLY INVOLVED IN SUPERVISING OF PARALEGAL(S) / LEGAL ASSISTANT(S).

**STUDENT MEMBERSHIP**

- \_\_\_ I CURRENTLY ENROLLED IN A PARALEGAL / LEGAL ASSISTANT PROGRAM, HAVING COMPLETED AT LEAST 12 SEMESTER HOURS OF LEGAL ASSISTANT COURSES AT \_\_\_\_\_ AND NOT EMPLOYED AS A LEGAL ASSISTANT FOR MORE THAN SIX MONTHS.

I HEREBY GIVE PERMISSION TO TALA TO INVESTIGATE MY QUALIFICATIONS FOR MEMBERSHIP. I HAVE READ AND AGREE TO BE BOUND BY THE NALA CODE OF ETHICS AND PROFESSIONAL RESPONSIBILITY.

DATE \_\_\_\_\_ APPLICANT'S SIGNATURE \_\_\_\_\_

**SUPERVISING ATTORNEY VERIFICATION (REQUIRED FOR CATEGORY "E" ONLY)**

I HEREBY CERTIFY THAT THE ABOVE-NAMED APPLICANT IS CURRENTLY PERFORMING, OR HAS PERFORMED IN THE PAST, PARALEGAL SERVICES FOR ME IN MY WORK AS AN ATTORNEY FOR A MINIMUM OF FIVE (5) YEARS, AND THAT I HAVE SUPERVISED THE APPLICANT'S WORK AND REMAIN RESPONSIBLE FOR THE WORK PRODUCT. I FURTHER CERTIFY THAT THE APPLICANT'S ETHICAL AND PROFESSIONAL CONDUCT ARE ABOVE REPROACH AND HEREBY RECOMMEND HIM/HER FOR MEMBERSHIP IN THE TULSA ASSOCIATION OF LEGAL ASSISTANTS, INC.

ATTORNEY'S NAME: \_\_\_\_\_ BAR NUMBER: \_\_\_\_\_  
ATTORNEY'S SIGNATURE \_\_\_\_\_ DATE: \_\_\_\_\_

PLEASE MAKE CHECK PAYABLE TO TALA AND MAIL TO TALA, P. O. Box 1484, TULSA, OK 74101-1484.  
FOR FURTHER INFORMATION, PLEASE CONTACT ANY BOARD MEMBER OR WRITE TO TALA AT THE ABOVE ADDRESS.  
PLEASE SEE THE TULSA-TALA WEBSITE AT [WWW.TULSATALA.ORG](http://WWW.TULSATALA.ORG)

The terms "paralegal" and "legal assistant" are synonymous.