



HOUSTON METROPOLITAN PARALEGAL ASSOCIATION

MEMBERSHIP APPLICATION/RENEWAL

Welcome to HMPA! For renewing Affiliate Members, please log-on to the Members Only Section of www.houstonparalegals.org to change your membership record.



DIRECTIONS FOR COMPLETING MEMBERSHIP/RENEWAL APPLICATION

1. Be sure to complete the entire form.
2. Please make sure this Application/Renewal form is signed.
3. Mail your renewal form and check made payable to HMPA-Membership, 440 Louisiana, Suite 900, Houston, Texas 77002
4. Renewing Members: If you are late in renewing your Affiliate Membership (after May 1st), please add a \$10 late fee assessment.
5. Renewing Members: After July 1st all Affiliate Members who have not renewed will be changed to Inactive Status and will be required to re-apply to HMPA.
6. Please call HMPA at 713.236.7724 if you have any questions.
7. **Reminder: Incomplete documentation will delay processing.**

NEW AFFILIATE MEMBER

Full year \$150.00
Joining 6/1 to 8/31 \$125.00
Joining 9/1 to 12/31 \$100.00

RENEWING AFFILIATE MEMBER

2/28 \$150.00
All renewals are due February 28th

HMPA's membership process is based on an annual system beginning April 1st. All new Affiliate members will receive a renewal form during December/January of each year that will need to be completed and returned to HMPA by February 28 for processing by March 30. If you join HMPA at a later part of the year, you may submit partial dues as indicated above: however you will be required to renew your membership by February 28 at the full rate.

Company Name: _____

Contact Name: _____ Title: _____

Responsible Party: _____ Title: _____

Business Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Fax Number: _____ E-mail address: _____

Type of Business: _____

Have you previously been a member of HMPA? YES _____ NO _____ (please check one)

If renewing, have you received your HMPA certificate? Yes _____ No _____ (please check one)

COMMITTEE SECTION

HMPA is your organization. We encourage you to participate in our Committees. Please circle the committee(s) that interests you. Please refer to your HMPA Information package for committee information.

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|--|---|--|
| <input type="checkbox"/> Compensation Survey Committee [C1] | <input type="checkbox"/> Employment Relations (Job Bank) [C5] | <input type="checkbox"/> Professional Certification [C9] |
| <input type="checkbox"/> Continuing Legal Education Luncheons [C2] | <input type="checkbox"/> Membership [C6] | <input type="checkbox"/> Social [C10] |
| <input type="checkbox"/> Continuing Legal Education Seminars [C3] | <input type="checkbox"/> Newsletter [C7] | <input type="checkbox"/> Ways & Means [C11] |
| <input type="checkbox"/> Education Liaison (Mentor Program) [C4] | <input type="checkbox"/> Community Service Committee [C8] | |

HMPA INFORMATION

As an Affiliate member of HMPA, you will receive the same benefits as an Associate member of HMPA. Affiliate Members have additional benefits, which include discounted sponsorships at HMPA events. If you would like to receive more information concerning HMPA sponsorship and/or advertising, please indicate your interest below and HMPA will forward you our sponsorship/advertising package.

Please check the categories that interest you.

- _____ Yes, I am interested in sponsoring a luncheon or HMPA event.
- _____ Yes, I am interested in placing an advertisement on HMPA's website.
- _____ Yes, I am interested in purchasing mailing labels for advertising.
- _____ Yes, I am interested in placing a flyer in the HMPA's newsletter, Burden of Proof.
- _____ Yes, I am interested in advertising in the HMPA's newsletter, Burden of Proof.
- _____ Yes, I am interested in placing an employment listing on HMPA's Job Bank.

AFFILIATE MEMBER SIGNATURE

I certify that the above information is true and correct. I understand that all applications are subject to approval by HMPA.

Member Signature

Title

Date