



HOUSTON METROPOLITAN PARALEGAL ASSOCIATION

Formerly HOUSTON LEGAL ASSISTANTS ASSOCIATION

MEMBERSHIP RENEWAL

Thank you for Renewing with HMPA! For future reference, the box to the right will contain all the current contact information for you on your renewal application. Please make corrections as necessary. Please notify HMPA of any changes to your membership record.

DIRECTIONS FOR COMPLETING MEMBERSHIP RENEWAL

1. Please complete the entire Renewal form and return to HMPA by February 28. HMPA has your application on file; however, if any information has changed, please update your membership information with your current data in each section. Otherwise, you can skip each section that does not need to be updated.
2. Education/Certifications: If you have obtained any certifications and/or degrees not listed on your application, please complete the education/certification section and attach proof of the certification or degree to the renewal form.
3. Voting Members: If you have been a Voting Member for more than 4 months [before 8/31] you must attach proof of 8 hours of CLE to your renewal form.
4. Voting Members (New): If you have been a Voting Member for less than 4 months [9/1 to 12/31], you do not need to attach 8 hours of CLE when submitting your renewal, but will be required to submit 8 CLE hours in the following year. In order to apply for PHP designation, all 10 CLE hours will need to be submitted with the completed PHP Verification form.
5. PHP Members - Must attach proof of 2 additional hours of CLE (total of 10 hours) with the completed PHP Verification form.
6. Associate and Student Members upgrading to Voting Member status - Must attach a copy of your degree and/or certification and proof of 8 hours of CLE with your renewal form. If qualifying through experience please list your employment and proof of 8 hours of CLE.
7. Please make sure your school administrator or your supervising attorney signs the form(s) in the verification & signature section of the renewal form.
8. Please sign your name in the member signature section of the renewal form.
9. Mail your renewal form, attachments, and check payable to: HMPA - Membership, 440 Louisiana, Suite 900, Houston, Texas 77002.
10. If you are late in renewing your membership (after May 1st), please add \$10 late fee assessment.
11. After July 1st, all members who have not renewed will be changed to Inactive Status and will be required to re-apply to HMPA under the current membership criteria by completing the Application for Membership instead of a renewal form.
12. Please call HMPA at 713-236-7724 if you have any questions.
13. **Reminder: Incomplete documentation will delay processing and will be returned to you for completion.**

VOTING
Full year \$75.00

ASSOCIATE
Full year \$75.00

STUDENT
Full year \$35.00

ALL RENEWALS ARE DUE FEBRUARY 28 FOR PROCESSING BY MARCH 30. IF RENEWING LATE (AFTER MAY 1ST), PLEASE ADD \$10 LATE FEE ASSESSMENT.

First Name: _____ Middle Name/Initial: _____ Last Name: _____ Birth date: ___/___/___

Home Address: _____ City: _____ State: _____ Zip: _____

Home Telephone: _____ Home Fax: _____ Home Email: _____

Work: Firm Name: _____ Firm Telephone Number: _____

Work Address: _____ City: _____ State: _____ Zip: _____

Work Direct Telephone: _____ Work Fax: _____ Work Email: _____

Mail Preference: Home Work Email Preference: Home Work Both Have you ever been convicted of a felony? Yes No

Have you received your membership certificate? Yes No

Have you received HMPA's Membership Benefits package? Yes No If not, a certificate/benefits package will be sent to you.

This year, HMPA plans to begin providing the membership directory on line at HMPA's website. This will allow members to view the contact information of other members, and to update their own

contact information. Please check this box if you DO NOT want your information to be visible to other members.

COMMITTEE SECTION

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

- | | | |
|--|---|--|
| <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] | |

EDUCATION-CERTIFICATION SECTION

UNDERGRADUATE EDUCATION

DEGREE TYPE: _____
MAJOR: _____
COLLEGE/UNIVERSITY: _____

PARALEGAL EDUCATION

SCHOOL: _____
GRADUATION DATE: _____

PROFESSIONAL CERTIFICATION

CLA/CP YES NO
CLAS/APC YES NO
RP YES NO
TBLS YES NO

OTHER _____

Voting and Associate members whose membership is based on education must attach a copy of their degree.

Voting members whose membership is based on certification must attach official verification of certification.

AREA OF PRACTICE SECTION

- | | | | |
|--|--|--|--|
| <input type="checkbox"/> Asbestos [S1] | <input type="checkbox"/> Corporate [S9] | <input type="checkbox"/> Immigration Law [S17] | <input type="checkbox"/> Registered Nurses [S25] |
| <input type="checkbox"/> Administrative Law [S2] | <input type="checkbox"/> Criminal Law [S10] | <input type="checkbox"/> Insurance Defense [S18] | <input type="checkbox"/> Securities [S26] |
| <input type="checkbox"/> Admiralty/Maritime Law [S3] | <input type="checkbox"/> Employment Law [S11] | <input type="checkbox"/> Intellectual Property [S19] | <input type="checkbox"/> Tax [S27] |
| <input type="checkbox"/> Antitrust Law [S4] | <input type="checkbox"/> Energy/Oil & Gas [S12] | <input type="checkbox"/> Litigation [S20] | <input type="checkbox"/> Toxic Tort [S28] |
| <input type="checkbox"/> Banking/Finances [S5] | <input type="checkbox"/> Environmental Law [S13] | <input type="checkbox"/> Medical Malpractice [S21] | <input type="checkbox"/> Worker's Compensation [S29] |
| <input type="checkbox"/> Bankruptcy [S6] | <input type="checkbox"/> Family Law [S14] | <input type="checkbox"/> Personal Injury [S22] | <input type="checkbox"/> Practicing Galveston
Paralegal [S30] |
| <input type="checkbox"/> Collection Law [S7] | <input type="checkbox"/> General Practice [S15] | <input type="checkbox"/> Probate/Estate/Trusts [S23] | <input type="checkbox"/> Other _____ [S31] |
| <input type="checkbox"/> Contracts [S8] | <input type="checkbox"/> Healthcare Law [S16] | <input type="checkbox"/> Real Estate [S24] | |

VERIFICATION - SIGNATURE SECTION

Student Members Only

Name of Paralegal Program/College: _____

Address: _____
Length of Course: _____
Anticipated Date of Graduation: _____

School Administrator Verification

I hereby certify that I am the School's Administrator for the Applicant and, that the Applicant is currently enrolled in a formal course of study for paralegals at the above referenced school.

Signature - School Administrator

Printed Name: _____

Title: _____ Date: _____

Voting and Associate Members Only

Attorney Verification

I hereby certify that I am the supervising attorney for the aforementioned applicant, that the applicant is currently employed as a Paralegal and that the Applicant is not a legal secretary, law clerk or other legal type employee. The Applicant is employed as a:

- Full time Paralegal
 Part-Time Paralegal
 Contract Paralegal

Signature - Supervising Attorney

Attorney's Printed Name: _____

State Bar Number: _____ Date: _____

FOR VOTING AND ASSOCIATE MEMBERS WHOSE MEMBERSHIP IS BASED UPON EXPERIENCE

Members must have five (5) years of legal experience (or 3 years with ABA paralegal program). Please complete the following to verify your experience. Please attach additional pages if necessary.

Employer: _____

Date of Employment: _____

Job Title: _____

Supervising Attorney: _____

Employment Responsibilities: _____

Employer: _____

Date of Employment: _____

Job Title: _____

Supervising Attorney: _____

Employment Responsibilities: _____

Employer: _____

Date of Employment: _____

Job Title: _____

Supervising Attorney: _____

Employment Responsibilities: _____

Employer: _____

Date of Employment: _____

Job Title: _____

Supervising Attorney: _____

Employment Responsibilities: _____

Employer: _____

Date of Employment: _____

Job Title: _____

Supervising Attorney: _____

Employment Responsibilities: _____

Employer: _____

Date of Employment: _____

Job Title: _____

Supervising Attorney: _____

Employment Responsibilities: _____

MEMBER SIGNATURE

I hereby agree to be bound by the Code of Ethics and Professional Responsibility and the Bylaws as adopted by the Houston Metropolitan Paralegal Association. I understand that all applications are subject to approval by HMPA. I certify that the information contained in this Application is true and correct and that, according to HMPA's Membership Criteria, I meet the requirements for the category of membership for which I have applied.

Member Signature

Date