

**WESTERN DAKOTA ASSOCIATION OF LEGAL ASSISTANTS**  
**An Association for Paralegals/Legal Assistants**  
**Application for Membership**

Name \_\_\_\_\_ Employer \_\_\_\_\_  
Home Address \_\_\_\_\_ Office Address \_\_\_\_\_  
Home telephone \_\_\_\_\_ Office telephone \_\_\_\_\_ Fax: \_\_\_\_\_  
Email \_\_\_\_\_ DOB Month: \_\_\_\_\_ Day: \_\_\_\_\_  
Years employed as a Legal Assistant/Paralegal \_\_\_\_\_ Years of legal experience \_\_\_\_\_  
Formal or special education (name and address of school or training for present position)  
\_\_\_\_\_  
Date of Graduation \_\_\_\_\_ Specialty (if any) \_\_\_\_\_  
CLA \_\_\_\_ CP \_\_\_\_ ACP \_\_\_\_ Area of ACP \_\_\_\_\_

**Membership Categories**

**ACTIVE MEMBERSHIP (voting privileges): Dues - \$50.00** Active membership is open to any individual who meets at least one of the following requirements.

(a) Any individual who has successfully completed the Certified Legal Assistant (CLA)/Certified Paralegal (CP) examination of NALA, or

(b) Any individual who has graduated from an ABA Approved Program of Study for Legal Assistants/Paralegals, or

(c) Any individual who has graduated from a course of study for legal assistants/paralegals which is institutionally accredited but not ABA approved, and which requires not less than the equivalent of 60 semester hours (equivalent of 90 quarter hours) of classroom study, or

(d) Any individual who has graduated from a course of study for legal assistants/paralegals other than those set forth in (b) and (c) above, plus not less than six months of in-house training as a legal assistant/paralegal, whose attorney-employer attests that such person is qualified as a legal assistant/paralegal, or

(e) Any individual who has received a baccalaureate degree in any field, plus not less than six months in-house training as a legal assistant/paralegal, whose attorney-employer attests that such person is qualified as a legal assistant/paralegal, or

(f) Any individual who has a minimum of three years of law-related experience under the supervision of an attorney, including at least six months of in-house training as a legal assistant/paralegal, whose attorney-employer attests that such person is qualified as a legal assistant/paralegal, or

(g) Any individual who has a minimum of two years in-house training as a legal assistant/paralegal whose attorney-employer attests that such person is qualified as a legal assistant/paralegal.

***For those applying under section (a) above, attach a copy of your CLA/CP/ACP certificate.***

***For those applying under sections (b) or (c) above, attach copy of transcript.***

***For those applying under sections (d)-(g) above, complete the Attorney-Employer Attestation on Page 2.***

**ASSOCIATE MEMBERSHIP (non-voting): Dues - \$45.00** Any individual who is actively working as a legal assistant/paralegal but who has not achieved active membership status.

**STUDENT MEMBERSHIP (non-voting): Dues - \$25.00** Any individual pursuing a full-time course of study as a legal assistant/paralegal whose program director or instructor will attest that such person is currently enrolled in the legal assistant/paralegal course at said school.

**SUSTAINING MEMBERSHIP (non-voting): Dues - \$45.00** Any individual, law firm, corporation, member of bar association, and member of the educational field who endorses the legal assistant/paralegal concept and is involved in the promotion of the legal assistant/paralegal profession.

Individuals who have been convicted of a felony are not eligible for membership in WDALA.

## MEMBERSHIP DUES

Membership dues are due August 1 of each year, payable by September 1. Dues will be prorated. If dues are not received by October 1, a \$10.00 reinstatement fee shall be assessed.

I hereby apply for membership in the Western Dakota Association of Legal Assistants in the following category:

Active \_\_\_\_\_ Associate \_\_\_\_\_ Student \_\_\_\_\_ Sustaining \_\_\_\_\_

I hereby agree to be bound by the By-Laws of this association and of NALA and by the NALA Code of Ethics and Professional Responsibility. I further understand that this application is subject to approval by the Western Dakota Association of Legal Assistants, an affiliated association of the National Association of Legal Assistants (NALA).

Date \_\_\_\_\_ Signature of Applicant \_\_\_\_\_

## ATTORNEY-EMPLOYER ATTESTATION

(To be completed for Active membership under sections (d) through (g) or for Associate membership)

I hereby attest that \_\_\_\_\_ is employed by me and is recognized as a legal assistant/paralegal and that he/she, under the supervision and direction of a lawyer, is capable of the following services as generally described by the American Bar Association's Standing Committee on Legal Assistants:

- ❖ Applying knowledge of the law and legal procedure in drafting legal documents and other papers in certain fields of the law.
- ❖ Exercising judgment and working independently with respect to assigned tasks, and keeping and meeting deadlines.
- ❖ Preparing or interpreting legal documents for review by lawyers.
- ❖ Selecting, compiling and using technical information from such references as digests, encyclopedias, or practice manuals.
- ❖ Analyzing procedural problems and recommending solutions in certain fields of law.
- ❖ Preparing detailed office procedures for efficient handling of specialized field(s) of law.

I further attest that the applicant has been employed by me as a legal assistant/paralegal for \_\_\_\_\_ years; that this applicant works at least three-fourths of the total employed hours as such legal assistant/paralegal; that this applicant's ethical and professional conduct are above reproach; and that he/she is recommended for membership in the Western Dakota Association of Legal Assistants.

Signature of attorney-employer \_\_\_\_\_

Firm name and address \_\_\_\_\_

## TO BE COMPLETED BY THE SCHOOL

(To be completed by school program director or instructor for Student membership)

I hereby attest that \_\_\_\_\_ is currently enrolled in the legal assistant/paralegal course at this school.

Name of school \_\_\_\_\_

Address \_\_\_\_\_

Name of program director or instructor \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Please send check (made payable to WDALA) and entire completed form to the SECOND VICE PRESIDENT, whose name and address are listed on the "OFFICERS" web page ([www.wdala.org](http://www.wdala.org)).**