



2018 MEMBERSHIP RENEWAL

Membership in the Alberta Association of Professional Paralegals is renewed each calendar year. Membership runs from January 1 to December 31. **If you are a student member who graduated in 2017, you MUST submit a full application - NOT a renewal.**

Please complete this renewal form and forward it, together with your applicable membership renewal fee, **before March 15, 2018** electronically in PDF format to aappresident@gmail.com or by mail to:

Membership Director
 Alberta Association of Professional Paralegals and Legal Assistants
 62 Edmonton Centre
 PO Box 47211 Edmonton Centre
 Edmonton, AB T5J 4N1

Failure to remit payment by March 15, 2018 may result in a late penalty fee being charged or cancellation of membership.

Cheques should be made payable to the Alberta Association of Professional Paralegals. You may pay by Visa or MasterCard by completing the information below.

Please note: If you are eligible for a change of membership level, you must submit a full application for consideration by the Board of Directors.

LEVEL OF MEMBERSHIP:

Paralegal, Affiliate or Advisory	\$100.00
Legal Assistant	\$100.00

CONTINUING EDUCATION*			
List courses or activities you participated in over the last calendar year			
Date	Title/Description of Course or Activity	Organization offering Training	Duration (Hours)

*Please note that a requirement of your membership is that you participate in professional or personal development courses, and/or engage in social and community activities which enhance members' character and integrity. For Paralegal membership, you must have the equivalent of 12 credits over two years (or 6 credits per year) and for Legal Assistant membership, you must have the equivalent of 6 credits over two years (or 3 credits per year). For a comprehensive listing of what activities would count towards this requirement, please contact the Membership Director AAPP. **Please attach a separate sheet if necessary.**

THE FOLLOWING INFORMATION IS REQUIRED TO ENSURE OUR RECORDS ARE KEPT UP TO DATE:

Name:	
Home Address:	
Postal Code:	Home Phone:
	Cell Phone:
Employer:	
Business Address:	
Postal Code:	Business Phone:
Contact E-mail Address: ** providing your address expresses consent to e-mail correspondence from AAPP (MANDATORY)	
Area of Practice:	



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What level of membership are you seeking? _____

NOTE: If you are renewing for Paralegal membership, you must get the written endorsement of a lawyer in the section below.

Are you currently employed in Qualifying Employment, as defined in the By-laws? **YES** **NO**

By checking the box, you confirm that all communications between you and AAPP will be through the email address provided above:

DATE

SIGNATURE

FOR PARALEGAL APPLICANTS ONLY:

LAWYER’S CERTIFICATE

I, _____ Barrister and Solicitor, of the City of _____ in the Province of Alberta, certify that the above-mentioned individual is employed by _____ and that the applicant is a Paralegal or that a majority of the applicant’s time is spent on Paralegal duties, as defined below, under my supervision, guidance and direction.

DATE

SIGNATURE

“Paralegal” shall mean a trained specialist qualified through education, training and/or work experience who works under the supervision, direction and guidance of a lawyer, performing substantive, independent legal work that may include administrative or managerial duties, requiring sufficient knowledge of legal concepts, procedures and applicable law.

\$100.00 or \$100.00 PAID BY:	Cheque (copy attached) <input type="checkbox"/>	Visa <input type="checkbox"/>	Mastercard <input type="checkbox"/>
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Do you require an invoice or receipt?	Invoice <input type="checkbox"/>	Receipt <input type="checkbox"/>	Both <input type="checkbox"/>
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Signature: _____

Card #: _____ Expiry date: _____

Your Credit Card information will not be published, shared or stored for access by anyone other than the Membership Director and Treasurer, and is to be used solely for the purpose of processing your membership fee for the 2018 Membership Year. **If, for any reason, you do not feel safe providing your credit card information via mail, please e-mail the Membership Director at: aappresident@gmail.com so arrangements can be made to obtain this information via telephone.**