

**INDIANA STATE BAR ASSOCIATION AFFILIATE APPLICATION**

Name \_\_\_\_\_  
Last Name First Name Middle Initial

Business Address \_\_\_\_\_ Indiana \_\_\_\_\_  
Street City County Zip

Law Firm Name or Company \_\_\_\_\_

Residence Address \_\_\_\_\_ Indiana \_\_\_\_\_   
Street City County Zip  
(Association Communications are mailed to business address unless box after residence address is checked.)

Business Telephone \_\_\_\_\_ Fax \_\_\_\_\_

E-Mail \_\_\_\_\_ Area of Practice \_\_\_\_\_

Date of Birth \_\_\_\_\_ Place \_\_\_\_\_ \*Race \_\_\_\_\_ \*Sex \_\_\_\_\_

**Sponsorship of Applicant as Affiliate Member & Verification of Employment:**

I am a member in good standing of the Indiana State Bar Association and I sponsor this applicant for Affiliate Membership in the Indiana State Bar Association.

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

\_\_\_\_\_  
Printed Name State Admitted to Practice Date of Admission

**Proposed Annual Paralegal Dues if employing attorney is an ISBA member:**

1<sup>st</sup> and 2<sup>nd</sup> years of paralegal membership in ISBA.....\$ 74.00  
3<sup>rd</sup> through 6<sup>th</sup> years of membership in ISBA.....\$107.00  
More than 6 years of membership in ISBA.....\$130.00  
Annual Dues if employing attorney is **NOT** a member of ISBA.....\$304.00

Make check payable to the Indiana State Bar Association. If paying by credit card, please provide us with the necessary information. \_\_\_\_\_Discover \_\_\_\_\_MasterCard \_\_\_\_\_Visa

Expiration Date \_\_\_\_\_ \*\*3-4 Digit Code \_\_\_\_\_

\*\*If paying by credit card, please provide the 3 or 4 digit verification number on the back of your credit card. This number is needed to process your credit card.

Account # \_\_\_\_\_

Signature \_\_\_\_\_

**Definition:**

Paralegals are those persons, regardless of job title or classification who are employed by a lawyer, law office, government agency, or other entity in Indiana, and working under the direction of an attorney in a capacity that involves the performance of substantive legal work that usually requires knowledge of legal concepts and who perform those duties at least 70% of the time.

**Education/Credential:** (Check Applicable Box)

- Bachelor’s Degree with a minimum of twelve (12) hours of undergraduate credit in law or paralegal studies from an institutionally accredited paralegal program
- Bachelor’s Degree and a Paralegal Certificate from an institutionally accredited paralegal program
- Bachelor’s Degree from an institutionally accredited program plus at least two (2) years paralegal experience
- Associate’s Degree in paralegal studies from an institutionally accredited paralegal program plus at least two (2) years paralegal experience
- Certification in paralegal studies from an institutionally accredited paralegal program plus at least two (2) years paralegal experience
- Paralegal Advanced Competency Exam (PACE) (as offered by the National Federation of Paralegal Associations) and is in good standing
- Paralegal CORE Competency Exam (PCCE) (as offered by the National Federation of Paralegal Associations) and is in good standing
- Certified Legal Assistant/Certified Paralegal (CLA/CP) certification (as offered by the National Association of Legal Assistants) accreditation and is in good standing

Institution\_\_\_\_\_

Major\_\_\_\_\_

Degree/Diploma obtained\_\_\_\_\_

Date of Degree/Diploma\_\_\_\_\_

(Attach sheet if additional space needed.)

PACE Certification Date\_\_\_\_\_

CLA/CP Certification Date\_\_\_\_\_

PCCE/CORE Certification Date\_\_\_\_\_

**Attach copies of official grade transcripts, diploma, certificate, affidavit of paralegal work experience, PACE certificate, PCCE certificate, CLA/CP certificate, as applicable.**

**Applications will not be considered without appropriate documentation.**

**CLE requirement for Affiliate Members shall consist of 18 hours of CLE, which 3 hours is an Ethics Component over a 3 year period. A minimum of 3 hours of CLE, which 1 hour is an Ethic Component is required per year. It is your responsibility to submit CLE verification to the Indiana State Bar Association.**

**I hereby state that:**

1. I meet the definition of a paralegal as stated on this application.
2. I am of good moral character, not having been convicted of a felony, or its equivalent, murder, treason, rape, robbery, kidnapping, burglary, arson, criminal confinement, perjury or any crime involving dishonesty or false statements.
3. I have not been suspended or disbarred from the practice of law or convicted of unauthorized practice of law in any state.
4. I am not currently under suspension, termination or revocation of a certification, registration or license to practice by a professional organization, court, disciplinary board, or agency in any jurisdiction.

**I certify that the information submitted in this application is true and correct.**

Applicant's Signature \_\_\_\_\_

Date \_\_\_\_\_

Printed Name \_\_\_\_\_