



# Cincinnati Paralegal Association

**CINCINNATI PARALEGAL ASSOCIATION  
APPLICATION FOR SUSTAINING MEMBERSHIP  
January 1, 2007 - December 31, 2007**

\_\_\_\_\_New

\_\_\_\_\_Renewal

NAME OF PERSON, FIRM OR ORGANIZATION APPLYING FOR MEMBERSHIP:

\_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Contact Person: \_\_\_\_\_

(All mailings will be addressed to the contact person)

E-mail: \_\_\_\_\_

**RETURN COMPLETED APPLICATION FORM AND PAYMENT TO:**

**CINCINNATI PARALEGAL ASSOCIATION**

**Attn: Membership Committee**

**P.O. Box 1515**

**Cincinnati, Ohio 45201**

**Telephone: (513) 244-1266**

Fiscal Year: January 1, 2007 – December 31, 2007      \$150.00

Partial Year: September 15, 2007 – December 31, 2007      \$105.00