

North Carolina Bar Association Paralegal Student Membership Application

NORTH CAROLINA
BAR ASSOCIATION

Please complete the information below. This information will be used to maintain your individual membership record.

Applicant Name: _____

School Name: _____

Mailing Address: _____

Phone: _____

Primary Email Address: _____ Date of Birth: _____

Gender (optional): _____

Race/Ethnicity (optional): _____

Paralegal Student Membership Applicant, please complete the following:

I hereby certify that I am in a North Carolina program of paralegal or legal assistant studies that is either (a) approved by the House of Delegates of the American Bar Association, or (b) offers at least the equivalent of 18 semester credits of coursework in paralegal studies as prescribed by the American Bar Association Guidelines for the Approval of Paralegal Education and is an institutional member of the Southern Association of Colleges and Schools or other regional accrediting agency recognized by the United States Department of Education. I consent to the Association contacting my current school for verification or clarification of my qualification for affiliation, and I understand that if any information in this application is false it will be grounds for denial of my application or suspension/termination of affiliation as a student member of the Paralegal Division of the Association.

The applicant certifies to the North Carolina Bar Association that such applicant (i) is not a convicted felon; (ii) has not been convicted in any state or federal court of any crime involving or related to a charge of moral turpitude; (iii) has not been the subject of and reprimanded or otherwise censured in any disciplinary or other similar proceeding involving such applicant's business affairs or other conduct involving the public; (iv) has not had a professional business license granted to such applicant by the State of North Carolina, any other state, the federal government or an agency of any of the foregoing revoked or suspended for breach of ethics or a charge relating to the character or personal fitness of such applicant; and (v) is otherwise mentally and morally fit to participate in the North Carolina Bar Association.

I have read the eligibility requirements as they pertain to the membership category for which I have applied. I agree to be bound by the code of ethics and professional responsibility and the disciplinary procedures established by the Paralegal Division. I understand that my application is subject to approval by the Board of Governors of the North Carolina Bar Association, and my affiliation with a section may be subject to approval by the section.

Applicant Signature: _____ Date: _____

Paralegal Program Director, please complete the following:

I hereby verify that _____, the Applicant, qualifies as a paralegal student as stated in the eligibility requirements of the North Carolina Bar Association.

Paralegal Program Director: _____ Date of Verification: _____

Director's Signature: _____ Date of Graduation: _____

Please return this application to the NCBA Membership Department | 8000 Weston Parkway, Cary, NC 27513.
Each paralegal student is required to apply annually on or after July 1.