

Name (last, first)_____ID #_____(if known)

MEMBERSHIP RENEWAL FORM

ALABAMA ASSOCIATION OF PARALEGALS, INC.

Second Vice President Membership

Post Office Box 1834

Birmingham, Alabama 35201

Membership Renewal 2026 - 2027

PLEASE BE SURE TO SUBMIT SIGNED ATTESTATION WITH YOUR PAYMENT.

Annual dues shall be payable to AAPi beginning September 1, 2026. Unpaid dues become delinquent October 31, 2026. Failure to pay dues by October 31, 2026, will result in suspension of membership privileges. A \$10.00 reinstatement fee must accompany dues paid after October 31, 2026, per the Standing Rules of this Association. **Online payments will incur a processing fee.**

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|---|---|
| ☐ Active Membership \$95.00 | ☐ Patron Membership \$125.00 |
| ☐ Associate Membership \$80.00 | ☐ Distinguished Membership (Emeritus) \$0.00 |
| ☐ Student Membership \$0.00 | ☐ Distinguished Membership (Retired) \$30.00 |

- Firms renewing for 5 members (at the same time) will receive 10% discount. (Must be mailed in.)
- Firms renewing for 10 members (at the same time) will receive 15% discount. (Must be mailed in.)

MEMBERSHIP DUES ENCLOSED \$_____

Please complete the following information for your membership renewal. **It is very important that you complete the entire form even if your information has not changed.**

Name:_____NALA Certification:_____(CP, ACP)
Region:_____(1, 2, 3, 4, or 5)

Home Address: _____
City, State, Zip: _____

Home Phone:_____Cell Phone: _____

Home Email:_____Work Email: _____

Employer:_____

Employer's Address: _____

City, State, Zip: _____

Office Phone:_____

Supervising Attorney: _____

Supervisor email: _____

FOR USE BY AAPi ONLY:

Date Received:_____Check #:_____Amount: _____

OTHER INFORMATION

- (a) Preferred Mailing Address for AAPi correspondence ☐ Home ☐ Office
- (b) Preferred email address for AAPi correspondence ☐ Home ☐ Office
- (c) _____ Yes _____ No, I want my name, preferred address, telephone number and email address, and specialized area of work published in an Alabama Association of Paralegals, Inc. directory.
- (d) Specialized area of work – If you are willing to have your name published in an AAPi directory, please list the area of law that you specialize in to ensure that you will be listed in the appropriate categories. This directory is only intended as a networking tool within the organization. _____
- (e) _____ Yes _____ No Are you a member of NALA-The Paralegal Association?
- (f) AAPi has several working committees, please indicate which committee you are interested in:
(Please choose only one committee)
- ☐ Professional Relations
Bar Association, employment, ethics, nominations, elections, student/schoolwork
 - ☐ Communications
History, scrapbook, newsletter, community involvement, public relations, technical, website
 - ☐ Membership & Diversity, Equity, & Inclusion (DEI)
Assist Second Vice President – Membership with any membership-related events Assist with furthering AAPi's goals of encouraging, supporting, and maintaining high standards of DE&I. Monitor DE&I trends & issues. Strengthen DE&I initiatives throughout AAPi.
 - ☐ Seminars
Assist Second Vice President – Seminars with facilitating seminar events
 - ☐ Ways and Means
Assist with facilitating sponsorships
 - ☐ Region 1
Assist with planning social events, community service projects, or meet & greets within your region
 - ☐ Region 2
Assist with planning social events, community service projects, or meet & greets within your region
 - ☐ Region 3
Assist with planning social events, community service projects, or meet & greets within your region
 - ☐ Region 4
Assist with planning social events, community service projects, or meet & greets within your region

I hereby attest that the information contained in this renewal application is true, correct and accurate, that I have not been convicted of a felony, and that my qualifications to hold membership in AAPi have remained the same as those submitted with my original application for membership. I agree to be bound by the Code of Ethics and Professional Responsibility and the Bylaws adopted by the Alabama Association of Paralegals, Inc., and NALA-The Paralegal Association. I further understand that this application is subject to approval by the Alabama Association of Paralegals, Inc.

Signature

Date