FOR USE BY MEMBERSHIP COMMITTEE: Return to: State Bar of New Mexico Paralegal Division Date Received: Membership Committee P. O. Box 92860 Date Approved: Albuquerque, NM 87199-2860 Date Membership Package Mailed:

Date Membership Pack	age Mailed:				
	APPLICATION FOR MEMBERSHIP STATE BAR OF NEW MEXICO PARALEGAL DIVISION				
INSTRUCTIONS TO AL	L APPLICANTS (CHECK ALL BEFORE SUBMITTING):				
will be processed Check only ONE of Attach copy of de for category unde If applying under Of bachelor's degree of substantive legal of or an original letter requiring a bachelor Category 1(c) will be If applying under C Attach an attorney than one affidavit Attach check in the shown in box at top	ategory of prerequisite under which you qualify, even if you qualify under more than one. agree, certificate awarded by national or state certifying entity, or other evidence of educational experience or which you are applying. Category 1(c), please be aware that a post-baccalaureate certificate program is defined as a program that requires a case a prerequisite to enrollment in the program and the program itself consists of a minimum of 18 semester hours of courses. Applicants under this category must provide 1) an official school transcript and 2) an original course catalog from the school registrar or program director attesting that the program is a post-baccalaureate certificate program or's degree as a prerequisite and meets the minimum semester-hour requirement. Application forms submitted under the considered incomplete without submission of the above documentation. Category 2, ensure that your program meets the guidelines set out in that Category below. Category and the supervision of an attorney. More may be required to meet the minimum experience requirement of Categories 3 and 5. Camount of \$75.00 for dues (made payable to State Bar of New Mexico Paralegal Division) and mail to address				
KEEL A GOL I OI	TO BE COMPLETED BY ALL APPLICANTS:				
Name					
Name:	Firm Address:				
E-Mail Address: Busine	Personal:				
Business Telephone:	Business Fax:				
Residence Address:	Residence Phone or Personal Cell: Firm Size: (# of attorneys)				
Certify that I qualify for	, hereby apply for membership in the Paralegal Division of the New Mexico State Bar. I membership pursuant to Rule 24-101.1 NMRA of the Rules Governing the New Mexico Bar, under the category CONLY ONE CATEGORY OF PREREQUISITE UNDER WHICH YOU QUALIFY):				
(1)	Graduation from a paralegal program that is either: (a) approved by the American Bar Association; (b) an associate degree program; (c) a post-baccalaureate certificate program in paralegal studies*; or (d) a bachelor's degree program.				
(2)	Graduation from a post-secondary legal assistant program which consists of a minimum of sixty (60) semester hours or equivalent, as defined by the American Bar Association <i>Guidelines for the Approval of Paralegal Education Programs</i> , of which at least eighteen (18) semester hours or equivalent are general education courses and eighteen (18) semester hours or equivalent are legal specialty courses;				
(3)	A bachelor's degree in any field plus two (2) years of substantive law-related experience under the supervision of a licensed attorney. Successful completion of at least fifteen (15) semester hours of substantive paralegal courses may				
(4)	be substituted for one year of law-related experience; Graduation from an accredited law school and not disbarred or suspended from the practice of law by the State of New Mexico or any other jurisdiction; or				
(5)	Certification by the National Association of Legal Assistants, Incorporated, the National Federation of Paralegal Associations, Incorporated or other equivalent national or state competency examination plus at least one (1) year of substantive law related experience under the supervision of a licensed attorney.				

- substantive law-related experience under the supervision of a licensed attorney.

I further certify that I:

- (1) am not a convicted felon;
- (2) have not been convicted in any state or federal court of any crime involving or related to a charge of moral turpitude;
- (3) have not been the subject of and reprimanded or otherwise censured in any disciplinary or other similar proceeding involving my business affairs or other conduct involving the public:
- (4) have not had a professional business license granted to me by the State of New Mexico, 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 my character or personal fitness; and
- (5) am otherwise mentally and morally fit to participate in the State Bar of New Mexico.

I have read the definition of a "Paralegal" as stated in Rule 20-102 NMRA, and I hereby attest that I meet that definition. I agree to be bound by the Code of Ethics and Professional Responsibility and the disciplinary procedures established by the Paralegal Division. I further attest that I meet the following employment qualifications found at Rule 24-101.1 NMRA:

- (1) contracts with or is employed by an attorney, law firm, corporation, governmental agency or other entity;
- (2) performs substantive legal work as defined in Rule 20-102 NMRA; and
- (3) meets one or more of the educational and experience qualifications set forth above.

I understand that acceptance for membership in the Paralegal Division of the New Mexico State Bar will not grant to me and is not equivalent to Certified Legal Assistant (CLA), Certified Paralegal (CP) or Registered Paralegal (RP) status. Use of the "CLA" or "CP" designation is prohibited except by proper certification from the National Association of Paralegals, Inc. ("NALA") and the "RP" designation is prohibited except by proper certification from the National Federation of Paralegals.

All applicants meeting the qualification of subparagraph "5" above must submit proof of certification issued by the certifying entity. All applicants meeting the qualifications of subparagraphs "1", "2", "3", or "4" above must submit either a copy of the school's transcript showing grades for all courses covered or a copy of the school's diploma or degree awarded to applicant.

All applicants must submit an attorney affidavit in the approved form (attached hereto) which verifies that the applicant is currently working as a paralegal under the direct supervision of a licensed attorney and additional affidavits, if necessary, to verify the full amount of work experience as required by the category under which the applicant is applying for membership (categories 3 and 5).

I understand that continued membership in the Paralegal Division of the New Mexico State Bar requires the following:

- 1. Payment of annual dues of \$75.00; and
- 2. Continuing legal education of twelve (12) hours per year, including one (1) hour of ethics-related education.

I HEREBY GIVE CONSENT to the Paralegal Division of the New Mexico State Bar to contact my present and/or former supervising attorney(s) and/or employer(s) for verification or clarification of my qualifications for membership, and I understand that if any information submitted in this application is false, it may be grounds for denial of my membership.

DATED this	day of	, 20		
			APPLICANT'S SIGNATURE	

ATTORNEY AFFIDAVIT

STATE	OF NEW MI	EXICO)	
COUNT	Y OF) ss.: _)	
			hei	ng duly sworn upon his/her oath, deposes and states:
	4 1 1		_	
				n the State of
[and/or pursuar	2 the direct so to Rule 24	upervision of ot -101A NMRA 20	(hereinaf her attorneys who 004:	er "Applicant") is a paralegal who works [or has worked] under my direct supervision are members of this firm] and who meets the following employment qualifications
	a) b) c)	performs sub	stantive legal work	an attorney, law firm, corporation, governmental agency or other entity; as defined in Rule 20-102 NMRA; and ations set forth above.
firm] for		nt's work has b ears and		y direct supervision [or the direct supervision of attorneys who are members of this
				Attorney signature
				Allomey signature
				Attorney printed name
				Attorney address
				Attorney telephone number
	SUBSCRIE	BED AND SWO	RN TO before me t	nis day of, 20
				Notary Public
				My Commission expires:

NOTE: COMPLETE MORE THAN ONE AFFIDAVIT IF NECESSARY TO MEET EXPERIENCE REQUIREMENTS.