

FOR USE BY PD MEMBERSHIP COMMITTEE:

Date Received: _____
Check No. _____ Dated _____
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Date Approval Letter Mailed: _____

**Return To:
Membership Committee**

Paralegal Division
P. O. Box 92860
Albuquerque, NM 87199-2860

Application for Inactive Paralegal Status

State Bar of New Mexico

Paralegal Division

TO BE COMPLETED BY ALL APPLICANTS:

Name: _____

Address: _____

Telephone number: _____ E-mail address: _____

I, _____, hereby apply for Inactive Paralegal status in the Paralegal Division of the New Mexico State Bar. I hereby certify that I am either retired or not actively employed as a paralegal in the State of New Mexico.

The circumstances under which I am submitting this application to become an Inactive Paralegal are:

I understand that I am not required to maintain MCLE requirements and that I do not have voting rights.

I understand that if I wish to resume "active" paralegal status, that I must complete the appropriate form [available from the Membership Committee] and fulfill any necessary requirements as set forth in the Division's Standing Rules. The form, along with payment for annual dues, shall be submitted to the Membership Committee only at the time of annual membership renewal. Status in the Division may not be changed at any other time.

Enclosed is the \$25.00 annual fee payable to the "State Bar of New Mexico Paralegal Division." The fee shall not be pro-rated and is not refundable.

DATED this _____ day of _____, 20____.

APPLICANT'S SIGNATURE