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

APPLICATION FOR MEMBERSHIP
STATE BAR OF NEW MEXICO PARALEGAL DIVISION

INSTRUCTIONS TO ALL APPLICANTS (CHECK & COMPLETE ALL BEFORE SUBMITTING)

Complete, IN FULL, all pages of this application. Only properly completed applications with the required documents attached will be processed.

Check only ONE category of prerequisite under which you qualify, even if you qualify under more than one.

Attach copy of degree, certificate awarded by national or state certifying entity, or other evidence of educational experience for category under which you are applying.

If applying under Category 1(c), please be aware that a post-baccalaureate certificate program is defined as a program that requires a bachelor's degree as a prerequisite to enrollment in the program and the program itself consists of a minimum of 18 semester hours of substantive legal courses. Applicants under this category must provide 1) an official school transcript and 2) an original course catalog or an original letter from the school registrar or program director attesting that the program is a post-baccalaureate certificate program requiring a bachelor's degree as a prerequisite and meets the minimum semester-hour requirement. Application forms submitted under Category 1(c) will be considered incomplete without submission of the above documentation.

If applying under Category 2, ensure that your program meets the guidelines set out in that Category below.

Attach an attorney affidavit verifying that you are currently employed as a paralegal under the supervision of an attorney. More than one affidavit may be required to meet the minimum experience requirement of Categories 3 and 5.

Attach check in the amount of $75.00 for dues (made payable to State Bar of New Mexico Paralegal Division) and mail to address shown above.

KEEP A COPY OF YOUR APPLICATION!

TO BE COMPLETED BY ALL APPLICANTS

Name:
Firm Name:
Firm Address:

Business Email:
Business Phone:
Business Fax:

Residence Address:
Person Email:
Practice Area(s):

Personal phone:
Firm Size: (# of attorneys)

I, _____, hereby apply for membership in the Paralegal Division of the New Mexico State Bar. I certify that I qualify for membership pursuant to Rule 24-101.1 NMRA of the Rules Governing the New Mexico Bar, under the category checked below. (CHECK ONLY 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 Guidelines for the Approval of Paralegal Education Programs, 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 be substituted for one year of law-related experience;

(4) ☐ 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.

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 MEXICO)
) ss.:
COUNTY OF _____)

_____ being duly sworn upon his/her oath, deposes and states:

1. I am a licensed attorney in good standing in the State of _____.
2. _____ (hereinafter "Applicant") is a paralegal who works [or has worked] under my direct supervision [and/or the direct supervision of other attorneys who are members of this firm] and who meets the following employment qualifications pursuant to Rule 24-101A NMRA 2004:
    a) contracts with or is employed by an attorney, law firm, corporation, governmental agency or other entity;
    b) performs substantive legal work as defined in Rule 20-102 NMRA; and
    c) meets one or more of the qualifications set forth above.
3. Applicant's work has been [was] under my direct supervision [or the direct supervision of attorneys who are members of this firm] for _____ years and _____ months.

_____
Attorney signature

Attorney printed name

Attorney address

Attorney telephone number

SUBSCRIBED AND SWORN TO before me this _____ day of _____, 20____.

_____
Notary Public

My Commission expires: _____

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