

2024-2025 Dues
Total Dues \$60



2024 Paralegal Section Membership Application

Section membership is voluntary. Your dues include a subscription to *The Montana Lawyer* magazine and access to Fastcase legal research. Dues for membership in the State Bar of Montana Paralegal Section are not deductible as charitable contributions for federal income tax purposes. However, such dues may be deducted as a business expense.

Name: _____ Date of Birth: _____ Gender: _____

Company or Firm Name: _____

Business Address: _____

Home Address: _____

Please indicate preferred address for mailings and publication in the Lawyers' Deskbook: Business address ____ Home address ____

Business phone: () _____ Home phone: () _____ Fax: () _____

E-mail Address: _____ Alternate Email: _____

Pursuant to Article II of the By-Laws of the Paralegal Section of the State Bar of Montana, I am: (check one below)

1. any member of the State Bar of Montana;
2. any person who meets the definition of a Paralegal as defined in Mont. Code Ann. § 25-10-305, *et. seq.* (2009, effective October 1, 2009, as amended).
3. Any person meeting the following ABA definition: "A paralegal is a person qualified by education, training or work experience who is employed or retained by a lawyer, law office, corporation, governmental agency or other entity who performs specifically delegated substantive legal work for which a lawyer is responsible."

** (Attorney statement required);
4. a Certified Legal Assistant (current status as CP or ACP being maintained with the National Association of Legal Assistants, Inc.) •CP Date certified (please attach certificate unless already sent to the Bar): _____ Expiration date: _____
•ACP Date of specialty (please attach certificate unless already sent): _____ Specialty: _____
5. a graduate from an ABA-approved program of study for paralegals OR from a baccalaureate or associate paralegal program of an educational institution approved by the Section Council.

Name and address of school: _____

Date of graduation (please attach verification unless already sent to the State Bar): _____
6. A paralegal educator from an ABA-approved paralegal program or an institution approved by the Section Council.

**Attorney Statement

I am a lawyer member of the State Bar of Montana. The applicant has served as a legal assistant or paralegal for ____ year(s), and has served in that capacity under my supervision for at least ____ year(s). Applicant is known to me to be qualified by education, training or work experience to perform specifically delegated substantive legal work for which a lawyer is responsible.

DATED this ____ day of _____, 2024.

Signature of Attorney

Applicant Statement

I hereby make an application for membership in the Paralegal Section of the State Bar of Montana. I am a Montana resident. I do not provide any type of legal services directly to the public without the supervision of an attorney. I shall conform to the Rules of Professional Conduct adopted by the State Bar.

DATED this ____ day of _____, 2024.

Signature of Applicant

Send signed application and payment to: State Bar of Montana, P.O. Box 577, Helena, MT 59624