



# South Dakota Paralegal Association, Inc.

Founded in 1989

*An Affiliate of the National Association of Legal Assistants, Inc.*

## MEMBERSHIP APPLICATION

Name: \_\_\_\_\_

Employer (or college if applying for student membership):  
\_\_\_\_\_

Office Address: \_\_\_\_\_

Office Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Home Address: \_\_\_\_\_ Home Telephone: \_\_\_\_\_

Preferred Mailing Address:  Office  Home

**DUES STRUCTURE:** A \$20 initiation fee is charged for new members. Dues will be prorated according to the date of the application for membership as follows: 100% from January 1 to March 31, 75% from April 1 to June 31, 50% from July 1 to September 30, 25% from October 1 to December 31. Dues must accompany this application form.

**Please check the membership classification for which you are applying:**

1. **Active Member** . Dues \$55.00 annually. (Please follow the dues structure located on page 1.)

An individual who meets at least one of the following requirements, has a high school diploma or general equivalency diploma, has not been convicted of a felony, has not been disbarred or suspended from the practice of law, or has not been placed on temporary suspension from the practice of law is eligible for active membership. This is the only membership classification which carries voting privileges. Active members may serve as association officers, directors, or committee chairpersons. Please check all categories that qualify you for active membership.

- a) Successful completion of the Certified Legal Assistant / Certified Paralegal (CLA/CP) examination from NALA, Inc. (ATTACH copy of CLA/CP certificate); or
- b) Graduation from an ABA-approved program of study for legal assistants (ATTACH copy of graduation verification); or
- c) Graduation from a course of study for legal assistants which is institutionally accredited, but not ABA approved, and which requires not less than the equivalent of 60 semester hours of classroom study (ATTACH copy of diploma or certificate); or
- d) Graduation from a course of study for legal assistants other than those set forth in (b) and (c) above, plus not less than 6 months in-house training as a legal assistant, whose attorney-employer attests that such person is qualified as a legal assistant (ATTACH copy of graduation verification and see page 3 - 5 for attestation); or
- e) A baccalaureate degree in any field, plus not less than 6 months of in-house training as a legal assistant, whose attorney-employer attests that such person is qualified as a legal assistant (ATTACH copy of diploma and see page 3 - 5 for attestation);
- f) Minimum of 3 years law-related experience under the supervision of an attorney, including at least 6 months of in-house training as a legal assistant, whose attorney-employer attests that such person is qualified as a legal assistant (see page 3 - 5 for attestation), or
- g) A minimum of 2 years of in-house training as a legal assistant, whose attorney-employer attests that such person is qualified as a legal assistant (see page 3 - 5 for attestation).

2. **Associate Member** . Dues \$30 annually. (Please follow the dues structure located on page 1.)

An individual who endorses the legal assistant concept or is involved in the promotion of the legal assistant profession and who meets the following qualifications:

- a) Membership in the State Bar of South Dakota; or
- b) Member of the legal assistant educational field; or
- c) Member of the law office management field; or
- d) Any individual who has qualified in the past for active membership under Article IV, 2, but is not currently working in the legal assistant field.

3. **Sustaining Member**. Dues \$55.00 annually. (Please follow the dues structure located on page 1.)

Law firms, corporations, organizations, legal assistant program representatives and other entities who endorse the legal assistant concept or are involved in the promotion of the legal assistant profession and who contribute dues as set by the Executive Committee

4. **Student Membership** . Dues \$15 annually. (Please follow the dues structure located on page 1.)

Student membership shall be open to any individual who meets and submits the following criteria:

a) A student who is enrolled at any university, college, junior college, or other educational institution in a course of study as a legal assistant/paralegal and who has completed one-half of the required curriculum required for graduation from that program; and

b) Submits:

(1) An attestation from the director of the program that the individual is a student in good standing (see page 4);

(2) Proof of enrollment at their respective educational institution (see page 4); and

(3) Verification of the courses completed (see page 4 & 5).

Student members are required to reapply for membership each year. If a student member is eligible for active membership, he/she may not reapply for student membership.

#### **STATE BAR OF SOUTH DAKOTA**

##### **Definition of A Legal Assistant**

(Source: SDCL 16-18-34)

Legal Assistants (also known as paralegals) are a distinguishable group of persons who assist licensed attorneys in the delivery of legal services. Through formal education, training, and experience, legal assistants have knowledge and expertise regarding the legal system, substantive and procedural law, the ethical considerations of the legal profession, and the Rules of Professional Conduct as stated in Chapter 16-18, which qualify them to do work of a legal nature under the employment and direct supervision of a licensed attorney. This rule shall apply to all unlicensed persons employed by a licensed attorney who are represented to the public or clients as possessing training or education which qualifies them to assist in the handling of legal matters or document preparation for the client.

#### **AMERICAN BAR ASSOCIATION**

##### **Definition of a Legal Assistant**

(Source: 1997 ABA Annual Meeting)

A legal assistant or 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 and who performs specifically delegated substantive legal work for which a lawyer is responsible.

## APPLICANT'S ATTESTATION

I hereby apply for (check one):  ACTIVE,  ASSOCIATE,  SUSTAINING,  STUDENT membership in the South Dakota Paralegal Association, Inc., and enclose a check in the amount specified in payment of the initiation fee and annual dues. I understand that my application is subject to approval by the SDPA. I attest that :

- (a) I have read the definitions of a legal assistant as set forth above, and if I am applying for membership as an active member, I am a practicing legal assistant under said definitions;
- (b) I qualify for the membership under said definitions;
- (c) I have never been convicted of a felony;
- (d) I have never been disbarred or suspended from the practice of law in any jurisdiction;
- (e) I have not been placed on temporary suspension from the practice of law;
- (f) All information I have included in this application is true and complete;
- (g) I give my consent to SDPA to investigate my application and contact my present or former supervising attorney(s) and/or school(s) for verification or clarification of my qualifications for membership; and
- (h) I have read the NALA Code of Ethics and Professional Responsibility, SD Supreme Court Rule 97-25, and the Bylaws as adopted by SDPA and agree to be bound by the same.

Date: \_\_\_\_\_  
Signature of Applicant

### ATTORNEY-EMPLOYER ATTESTATION

(This section must be completed for all applicants applying for membership under requirements 1(d), 1(e), 1(f), 1(g))

I hereby attest that:

- (a) I have read the definitions of a legal assistant set forth above, and if applicant is applying for membership as an active member, that applicant is a practicing legal assistant under said definitions;
- (b) Applicant has been employed by me for at least the requisite period of time and meets the qualifications for membership in the South Dakota Paralegal Association, Inc., as listed under requirement category \_\_\_\_\_;
- (c) Applicant performs substantial, in contrast to nominal or occasional, legal assistant services for me in my work as an attorney and I supervise the applicant's assistance; and

(d) I recommend the applicant for membership in SDPA.

Date: \_\_\_\_\_  
Signature of Attorney-Employer

\*\*\*\*\*

**PROGRAM DIRECTOR ATTESTATION**  
(Student Member Applicant Only)

I hereby attest that:

(a) I have read the qualifications for student membership and believe that applicant meets the qualifications for student membership in the South Dakota Paralegal Association, Inc.;

(b) The attached documentation represents proof of the applicant's enrollment in the legal assistant/paralegal program at the following named institution; and

(c) Applicant is a student in good standing in said legal assistant/paralegal program.

Name of Institution: \_\_\_\_\_

Date: \_\_\_\_\_  
Signature and Title

**REGISTRAR ATTESTATION**  
(Student Member Applicant Only)

I hereby attest that:

(a) I have read the qualifications for student membership and believe that applicant meets the qualifications for student membership in the South Dakota Paralegal Association, Inc.;

(b) Applicant has completed one-half (1/2) of the requirements for graduation from the legal assistant/paralegal program; and

(c) The attached verification of courses completed by applicant satisfy one-half (1/2) of the requirements for graduation from said legal assistant/paralegal program.

Name of Institution: \_\_\_\_\_

Date: \_\_\_\_\_  
Signature and Title

**To be completed by Active and Associate applicants only:**

1. Years of legal experience: \_\_\_\_\_ 2. Years as legal assistant: \_\_\_\_\_ 3. Years at present job: \_\_\_\_\_

4. Education: For formal education, include name and address of school, date of graduation, and **attach** proof of graduation or training for present position: *(i.e., copy of diploma or certificate, and school verification of courses completed for active member qualification section c or student member qualification)*

---

---

---

5. NALA member: \_\_\_\_ Yes \_\_\_\_ No

6. If CLA/CP, date certified \_\_\_\_\_

7. If CLAS/ACP, date certified \_\_\_\_\_

8. Check the most appropriate description of your employer:

- law department, nonprofit organization
- Judicial agency, court
- corporate law department
- private law office consisting of \_\_\_\_\_ attorneys, \_\_\_\_\_ legal assistants, and \_\_\_\_\_ other non lawyer personnel.

9. Fields of law in which your legal assistance is concentrated. Please check every area in which you have worked.

- |                                                     |                                                   |                                             |
|-----------------------------------------------------|---------------------------------------------------|---------------------------------------------|
| <input type="checkbox"/> Administrative/Management  | <input type="checkbox"/> Contracts Oil,           | <input type="checkbox"/> Gas & Mineral Law  |
| <input type="checkbox"/> Administrative Law         | <input type="checkbox"/> Corporation/Partnerships | <input type="checkbox"/> Personal Injury    |
| <input type="checkbox"/> Admiralty/Maritime         | <input type="checkbox"/> Criminal Law             | <input type="checkbox"/> Products liability |
| <input type="checkbox"/> Antitrust                  | <input type="checkbox"/> Employee Benefits        | <input type="checkbox"/> Real Estate        |
| <input type="checkbox"/> Banking/Finance/Investment | <input type="checkbox"/> Estate Planning          | <input type="checkbox"/> Securities         |
| <input type="checkbox"/> Bankruptcy                 | <input type="checkbox"/> Family Law               | <input type="checkbox"/> Taxation           |
| <input type="checkbox"/> Business Law               | <input type="checkbox"/> Insurance                | <input type="checkbox"/> Probate            |
| <input type="checkbox"/> Civil Litigation           | <input type="checkbox"/> Labor/Employment         | <input type="checkbox"/> Trusts             |
| <input type="checkbox"/> Collections                | <input type="checkbox"/> Medical Malpractice      | <input type="checkbox"/> Workers Comp.      |
| <input type="checkbox"/> Commercial Law             | <input type="checkbox"/> Municipal Law            | <input type="checkbox"/> Other _____        |

10. Of the fields you checked above, which three is your present work most concentrated in, and what are your major duties:

---

---

---

11. Serving on a SDPA Committee is not mandatory, but is the best way to meet other SDPA members who share your same interests. Please indicate the committees in which you have an interest.

- Audit                                       Library                                       Parliamentarian
- Educational Programs       Membership                                       Public Relations
- Ethics                                               Newsletter                                       State Bar Liaison (officers only)
- Finance                                               Nominations/Elections       Other \_\_\_\_\_

12. List any other local or national paralegal or legal assistant organizations of which you are a member:

---

---

13. Why did you decide to join SDPA?

---

---

14. Current professional or business organizations, other legal assistant organizations, of which you are a member:

---

---

15. Hobbies and outside interests:

---

---

---

16. Name of spouse: \_\_\_\_\_ Spouse's Occupation: \_\_\_\_\_

17. Names and birth dates of children:

---

---

---

18. SDPA Sponsor's Name and Address, if applicable: \_\_\_\_\_

Thank you for your interest in becoming a member of SDPA. Please return the completed application, verification attachments for qualification, and your check to:

**Janet Miller**  
**Chair, SDPA Membership Committee**  
**PO Box 490**  
**Aberdeen, SD 57402-0490**  
[jmiller@sbslaw.net](mailto:jmiller@sbslaw.net)  
**Phone: (605) 225-5420**

\*\*\*\*\*  
**OFFICE USE ONLY:** Date Received: \_\_\_\_\_ Amount: \$ \_\_\_\_\_ Date Approved: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_

\*\*\*\*\*

Form Revised 7-25-18