

**CALIFORNIA
ALLIANCE OF
PARALEGAL
ASSOCIATIONS**

Please complete and return this Application with your membership fee of \$150.00 check or apply via the CAPA website at www.caparalegal.org.

You may mail your application and check to

CAPA Sustaining Membership
Vice President, Administration
P.O. Box 1055
San Leandro, CA 94577-0121

APPLICATION FOR SUSTAINING MEMBERSHIP

PLEASE TYPE OR PRINT ALL INFORMATION

New Member Renewal

Business Name: _____

Business Address: _____

Business Website Address: _____

City: _____ State: _____ Zip: _____

Type of Services Offered: _____

Contact Name and Title: _____

Email Address: _____

Telephone: _____ Fax: _____

2009 Sustaining Membership benefits include:

1. A prominent posting under "Sustaining Members" on CAPA's website at www.caparalegal.org.
2. Company listing in "RECAP" (distributed three (3) times during each year).
3. A 10% discount on any advertising in RECAP.
4. A 10% discount on Exhibit Space for CAPA's Annual Education Seminar. (June)
5. Directory of Exhibitors listing and full page advertisement in the Conference Program.
6. Company listing in CAPA's Resource Directory.

I DO want to be listed as represented above I DO NOT want to be listed.

By signing below, I understand that I am applying for SUSTAINING MEMBERSHIP. I understand that a sustaining member is any person, law firm, association, institution or other entity interested in supporting the goals of the Alliance. I understand that CAPA has the right to deny my membership for any reason. I understand that a sustaining member has no voting privileges. I understand that the sustaining membership is valid for a twelve (12) month period based on the date of receipt of my membership application by CAPA.

Signature: _____