

**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
Attn: Julie Thornton, 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: _____

2011 Sustaining Membership benefits include:

1. A prominent posting under "Sustaining Members" on CAPA's website at www.caparalegal.org.
2. A one-time ½ page ad for your Company in "RECAP" (This publication is 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 on June 25, 2011.
5. Directory of Exhibitors listing and full page advertisement in the Conference Syllabus (Syllabus provided on flash drive).*
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 a SUSTAINING MEMBERSHIP. I understand that a sustaining membership 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: _____

***Please provide your ½ page ad and full page ad to CAPAVPADMIN@gmail.com.**