

**ATTORNEY/EMPLOYER ATTESTATION**

I hereby attest that the applicant \_\_\_\_\_ is currently employed by me as a legal assistant/paralegal and has worked for me in that capacity since \_\_\_\_\_; that the applicant is working under the supervision and direction of an attorney; and that the applicant's ethical and professional conduct are above reproach.

Date: \_\_\_\_\_ Signature \_\_\_\_\_

Firm/Attorney name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone number: \_\_\_\_\_

**SCHOOL ATTESTATION**

I hereby attest that the applicant \_\_\_\_\_ is currently enrolled in our paralegal program and is in good standing. The applicant enrolled in the program on \_\_\_\_\_ and the applicant's anticipated date of completion of the program is \_\_\_\_\_.

Date: \_\_\_\_\_ Signature \_\_\_\_\_

Name of School: \_\_\_\_\_

Address: \_\_\_\_\_ Phone number: \_\_\_\_\_

**APPLICANT ATTESTATION**

I hereby apply for the category of membership designated above. I attest that the information contained in this application and in any supporting documents is true, correct, and accurate and that I have not been convicted of a felony. I agree to be bound by the Code of Ethics and Professional Responsibility of the National Association of Legal Assistants, Inc., and by the Bylaws and other rules adopted from time to time by the Mississippi Paralegal Association, Inc.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

**ALL PAYMENTS MUST BE SUBMITTED ONLINE FOR YOUR APPLICATION REVIEW AND APPROVAL OF YOUR MEMBERSHIP. PLEASE REMIT PAYMENT UPON SUBMISSION OF THE APPLICATION AT:**