

## Application for Affiliate Membership

**Qualifications for Section Membership.** A person shall be deemed to be qualified for Section membership if the person is currently employed or retained by a lawyer, law office, governmental agency or other entity engaged in the practice of law, in a capacity or function which involves the performance under the direction and supervision of an attorney of specifically delegated substantive legal work, which work, for the most part, requires a sufficient knowledge of legal concept such that, absent that legal assistant, the attorney would perform the task, and which is not primarily clerical or secretarial in nature, and:

| No. |                          | Criteria   |
|-----|--------------------------|--|
| 1.  | <input type="checkbox"/> | Who has graduated from an ABA approved program of study for legal assistants and has a baccalaureate degree; or  |
| 2.  | <input type="checkbox"/> | Has received a baccalaureate degree in any field, plus not less than two (2) years of in-house training as a legal assistant; or   |
| 3.  | <input type="checkbox"/> | Who has received an associate degree in the legal assistant field, plus not less than two (2) years of in-house training as a legal assistant; or  |
| 4.  | <input type="checkbox"/> | Who has received an associate degree in any field and who has graduated from an ABA approved program of study for legal assistants, plus not less than two (2) years of in-house training as a legal assistant; or |
| 5.  | <input type="checkbox"/> | Who has a minimum of four (4) years of in-house training as a legal assistant.   |

Please direct all inquiries to [davena\\_shute@yahoo.com](mailto:davena_shute@yahoo.com). Mail COMPLETED form, attachments, and payment to:

**Davena Shute, Membership Chair**  
**State Bar of Michigan Paralegal/Legal Assistant Section**  
**P.O. Box 54**  
**Dorr, MI 49323-0054**

### IMPORTANT INFORMATION

Payment may be in the form of a check only, made payable to STATE BAR OF MICHIGAN.  
Please allow 6 to 8 weeks for processing of all membership applications.  
Incomplete forms cannot be processed.

| Membership Fee  |         |
|---|---------|
| <b>Section's fiscal year runs from October 1 through September 30</b> |         |
| Annual Membership Fee   | \$75.00 |
| Membership Fee after April 1 for current fiscal year                  | \$50.00 |



## Part I --- IDENTIFICATION (continued)

7. Sex:     Male     Female
8. Date of Birth: \_\_\_\_\_
9. In order to evaluate our efforts to establish a bias-free profession, we ask you to voluntarily identify your race, please check the appropriate box:
- American Indian     Asian     African American     Caucasian     Hispanic     Other
10. In which Michigan County do you: Live: \_\_\_\_\_ Work: \_\_\_\_\_
11. Job Title/Classification: \_\_\_\_\_
12. Primary Duties (Family Law, Corporate Law, Intellectual Property, etc.): \_\_\_\_\_
13. Where did you hear about the Paralegal/Legal Assistant Section?
14. Where did you obtain this application?

## Part II --- EDUCATIONAL BACKGROUND

15. Colleges/Universities attended:

| School Name | City/State | Degree | Date Attained |
|-------------|------------|--------|---------------|
| _____       | _____      | _____  | _____         |
| _____       | _____      | _____  | _____         |
| _____       | _____      | _____  | _____         |
| _____       | _____      | _____  | _____         |

16. Other educational institutions attended:

| School Name | City/State | Degree | Date Attained |
|-------------|------------|--------|---------------|
| _____       | _____      | _____  | _____         |
| _____       | _____      | _____  | _____         |
| _____       | _____      | _____  | _____         |

**Note: Please submit copies of all relevant diplomas and/or certificates. If the name on your diploma is different than the name under which you are applying for membership, please explain:**

\_\_\_\_\_

\_\_\_\_\_

## Part III --- EMPLOYMENT BACKGROUND

17. Indicate in reverse chronological order the last four years of all part-time and full-time employment where you were employed in the capacity of a paralegal/legal assistant (begin with your most recent status). If you have more than six employers, start your answer on a supplemental sheet of paper using the format below.

|                |                |                          |
|----------------|----------------|--------------------------|
| Mo/Yr to Mo/Yr | Employer       | Job Title/Classification |
|                | Street Address | City, State, Zip Code    |

|                |                |                          |
|----------------|----------------|--------------------------|
| Mo/Yr to Mo/Yr | Employer       | Job Title/Classification |
|                | Street Address | City, State, Zip Code    |

|                |                |                          |
|----------------|----------------|--------------------------|
| Mo/Yr to Mo/Yr | Employer       | Job Title/Classification |
|                | Street Address | City, State, Zip Code    |

|                |                |                          |
|----------------|----------------|--------------------------|
| Mo/Yr to Mo/Yr | Employer       | Job Title/Classification |
|                | Street Address | City, State, Zip Code    |

|                |                |                          |
|----------------|----------------|--------------------------|
| Mo/Yr to Mo/Yr | Employer       | Job Title/Classification |
|                | Street Address | City, State, Zip Code    |

|                |                |                          |
|----------------|----------------|--------------------------|
| Mo/Yr to Mo/Yr | Employer       | Job Title/Classification |
|                | Street Address | City, State, Zip Code    |

18. Provide the telephone number of your **current employer** and the name of your immediate supervisor.

|                  |                              |
|------------------|------------------------------|
| ( ) _____        | _____                        |
| Telephone Number | Name of Immediate Supervisor |

## Part IV --- ATTORNEY/EMPLOYER ATTESTATION

I hereby attest that \_\_\_\_\_ is employed by me and is recognized as a paralegal/legal assistant and that he/she, under the supervision and direction of a lawyer, performs services as a paralegal defined under the Bylaws for the State Bar of Michigan, to wit: "which work, for the most part, requires a sufficient knowledge of legal concepts such that, absent that paralegal/legal assistant, the attorney would perform the task, and which work is not primarily clerical or secretarial in nature".

I further attest that the above-named applicant is employed by me as a paralegal/legal assistant, has completed \_\_\_\_\_ years of in-house training as a paralegal/legal assistant, that applicant's ethical and professional conduct are above reproach, and that applicant is recommended for affiliate membership in the State Bar of Michigan.

Signature of Supervising Attorney: \_\_\_\_\_

Printed Name and "P" Number: \_\_\_\_\_

Date Signed: \_\_\_\_\_

\_\_\_\_\_  
Firm/Company Name

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City, State and Zip Code

---

---

## DECLARATION OF APPLICANT

The answers contained in this application are to be considered as continuing to be true from the date of this application until the date of my admission to the Paralegal/Legal Assistant Section of the State Bar of Michigan, and if any answer or portion of an answer ceases to be true, I acknowledge that I have a continuing obligation to inform and will immediately so inform the State Bar of Michigan, Paralegal/Legal Assistant Section, 306 Townsend Street, Lansing, Michigan/48933-2012.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Applicant

**Note: Your application cannot be processed without the "Attorney/Employer Attestation" and "Declaration of Applicant" fully completed.**