

THE SOUTH AFRICAN PARALEGAL ASSOCIATION

Membership Application

Please print this page, complete the form below and e-mail or fax to SAPA, together with payment or proof of payment into bank account and a copy of your I.D.

Name of applicant : Surname : _____ Title : _____

Christian name/s : _____

Applicant's address: _____
 _____ Postal code : _____

City: _____

Telephone: _____ Cell : _____

Fax: _____

E-mail : _____

Website (if applicable): _____

Company (if applicable) : _____

Address : _____

Individual contact name: _____ Title : _____

Direct dial telephone: _____

Direct fax: _____

E-mail: _____

Please check the appropriate boxes below for the person named in the "Individual Contact Name" field above.

Female	<input type="checkbox"/>	Male	<input type="checkbox"/>	Asian	<input type="checkbox"/>	Coloured	<input type="checkbox"/>
Caucasian	<input type="checkbox"/>	Black	<input type="checkbox"/>	Disabled	<input type="checkbox"/>	Other	<input type="checkbox"/>

EDUCATION

Graduate ? Y/N	Degree Y/N	Diploma Y/N	Certificate Y/N
High School			
College			
University			
Specialised Training			
Other Education			

EXPERIENCE (tick appropriate box)

Collections	<input type="checkbox"/>	Litigation	<input type="checkbox"/>	Conveyancing	<input type="checkbox"/>
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Magistrate's Court		High Court		Labour Law	
MVA Claims		Commercial		Other	
If other, please specify :					

WORK EXPERIENCE : Please list, beginning from most recent :

Company name : _____

Date employed : _____ Position held : _____

Name of principal : _____

Job description : _____

Company name : _____

Date employed : _____ Position held : _____

Name of principal : _____ Termination date : _____

Job description : _____

PARALEGAL HISTORY

Diploma Y/N Certificate Y/N Date completed : _____

Institution : _____

Work experience : Company : _____

Commencement date : _____

Experience : _____

Please submit copies of any certificates and/or testimonials.**Individual Contact Diversity Information:**

An important part of SAPA's mission is to serve as a leading advocate for diversity - within the legal profession, within SAPA and within the fields of career services, legal recruitment and professional development. This goal can best be achieved by knowing more about our membership and its diversity. As with all data collected by SAPA, members can be assured that all demographic data will remain confidential; this information is not made public and will be used only on a limited basis by SAPA staff to assist SAPA leaders in furthering the goal of a diverse leadership for the organization and in aggregate form for research analyses.

Membership category:

	Student	
	Affiliate member annual membership	0 – 5 years' experience
	Associate member	5+ years' experience

Membership fees :

Non-refundable application fee		R200,00
Fees for 2024 :	Student member	R300,00
	Affiliate member	R400,00
	Associate member	R500,00

E-mail, fax or post completed form to:

South African Paralegal Association (SAPA)
 Address: Suid Agter Paarl Road, Paarl
 Tel : 073 639 2132
 E-mail : q.doliveira@saparalegal.co.za or quintondoliveira@gmail.com

I acknowledge that I have familiarized myself with the Conduct Rules of the Association.

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Signature

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Date

Bank details :	
Account name :	Elite Assist
Bank :	Standard Bank of S A Ltd
Branch code :	051001
Account no. :	310811406
Ref. (your I.D. no.) :	

For office use :	
Application approved by :
Application rejected by :
Reason/s :
Date : Member no. :