



American Association for Paralegal Education

19 Mantua Road

Mt. Royal, New Jersey 08061

856-423-2829

Fax: 856-423-3420

ASSOCIATE MEMBERSHIP APPLICATION

Associate membership is open to all institutions that promote the purposes of AAFPE, but that do not yet qualify for Institutional membership. Associate Members shall demonstrate their dedication to the purposes of AAFPE by providing evidence of (1) a well-designed curriculum with a logical sequence of courses that emphasize interactive learning and assignments that teach practical job-related skills in conjunction with underlying legal theory; (2) a learning environment that provides access to legal research library facilities and quality classrooms that provide opportunities for interaction among students and between students and the instructor; (3) a faculty which consists of legal professionals or other qualified persons in good standing in their profession who possess the necessary expertise and experience in their subject area and who have experience working as or with paralegals; (4) advertise their programs in an ethical manner and in full compliance with all applicable laws and regulations; (5) providing adequate release time or other compensation for their program director and administrative support for the program director to develop, monitor and accomplish the goals and objectives of the program; and (6) provide student services that include academic counseling and career information and counseling. Associate members are prohibited from using AAFPE membership for advertisement or endorsement purposes. This is a non-voting membership category.

Name of School/Institution

Name of Program

Address

City/State/Zip Code

Area Code/Telephone Number

Fax Number

E-Mail Address

Name of Program Director

TYPE OF INSTITUTION (Check One)

- Public Community or Junior College
- Public College or University
- Non-Profit College or University
- Proprietary School

TYPE OF PROGRAM

- Associate Degree
- Baccalaureate Degree
- Post-Baccalaureate Degree
- Other Certificate
- Other: _____

Date Program Began: _____

Number of Currently Enrolled Students: _____ Number of Graduates to Date: _____

Date

Signature

DUES PAYMENT - Please submit this application and a program brochure with your dues payment. Refer to dues rate card or visit the website at www.aafpe.org for current rates.

Form of Payment: Check Visa MasterCard AMEX Purchase Order

Credit Card # _____ Expiration Date: _____

Full Name on Card: _____

Send to:

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Contributions or gifts to the Association are not deductible as charitable contributions for Federal income tax purposes.