



CHARLESTON ASSOCIATION OF LEGAL ASSISTANTS

P.O. BOX 1260, CHARLESTON, SOUTH CAROLINA 29402

www.calasc.org

2026 APPLICATION FOR INDIVIDUAL MEMBERSHIP

The Charleston Association of Legal Assistants, Inc. ("CALA") is an affiliated association of the National Association of Legal Assistants, Inc. ("NALA") and all members are bound by the NALA Code of Ethics and Professional Responsibility, in addition to any code adopted by this Association.

NAME: _____ DATE OF BIRTH: _____

HOME ADDRESS: _____

MAILING ADDRESS: _____

TELEPHONE: (Home/Cell) _____ (Office): _____

EMAIL ADDRESS: _____ ALT. EMAIL ADDRESS: _____

- NEW APPLICANT
- RENEWAL APPLICANT

APPLYING FOR:

- ☐ **Full Membership:** \$80.00 per calendar year (Jan.-Dec.). Available to those individuals who are currently employed as a Paralegal/Legal Assistant as defined in Article 3.1 of the Bylaws of CALA and incorporated herein by reference and who are either graduates of a Legal Assistant training program which was either an ABA approved program or part of an institutionally accredited program, or who have had at least one year experience as a Paralegal/Legal Assistant.
- ☐ **Associate Membership:** \$70.00 per calendar year (Jan.-Dec.). Available to those individuals who do not meet the experience or educational requirements of Full Membership, having less than one year experience and no formal paralegal training.
- ☐ **Student Membership:** \$50.00 per calendar year (Jan.-Dec.). Available to those persons currently enrolled in a Paralegal training program which is either an ABA approved program or part of an institutionally accredited program.

For **Corporate Memberships**, please see 2026 APPLICATION FOR CORPORATE MEMBERSHIP. These corporate memberships are available to those persons or firms, including members of the Bar Association, law firms, corporations, paralegal/legal assistant educational programs, and other entities, who are actively involved in the promotion of the Paralegal profession.

CURRENT/LAST EMPLOYMENT:

EMPLOYER: _____

LENGTH OF EMPLOYMENT: _____ JOB TITLE: _____

SUPERVISING ATTORNEY(S): _____

TOTAL YEARS OF EXPERIENCE IN LEGAL FIELD: _____

AREA(S) OF SPECIALIZATION: _____

CP/ACP: Yes/No (Please circle one to indicate.)

*****NOTE: If you are a NALA Certified Paralegal, your certification fees are separate from your membership fees.*****

ATTORNEY/EMPLOYER ATTESTATION

I hereby attest that _____ (paralegal name)

1) is employed by me; _____ (attorney name)

2) has been employed as a _____ (job title)

for _____ (years/months); and

3) meets the qualifications for full membership in CALA as listed under the Full Membership requirements.

Name of Attorney/Employer (Please Print): _____

Signature of Attorney/Employer: _____ DATE: _____

EDUCATION:

HIGHER EDUCATION (LIST SCHOOL(S) ATTENDED, AREAS OF STUDY AND DEGREES EARNED):

LEGAL ASSISTANT TRAINING (LIST SCHOOL(S) ATTENDED, AREAS OF STUDY, DEGREE/CERTIFICATE EARNED AND DATE OF COMPLETION). IF CURRENTLY ENROLLED, LIST YOUR ANTICIPATED COMPLETION DATE.

COMMITTEE INVOLVEMENT:

PLEASE INDICATE THE COMMITTEE(S) ON WHICH YOU WOULD BE WILLING TO SERVE:

☐ EDUCATION/SEMINAR ☐ SOCIAL ☐ COMMUNITY OUTREACH
☐ MEMBERSHIP ☐ FINANCIAL ☐ NOMINATIONS/ELECTION

APPLICANT'S AGREEMENT:

I AGREE TO BE BOUND BY THE NALA CODE OF ETHICS AND PROFESSIONAL RESPONSIBILITY AND THE BYLAWS AS ADOPTED BY THE CHARLESTON ASSOCIATION OF LEGAL ASSISTANTS, INC. I ATTEST THAT ANY AND ALL INFORMATION STATED ABOVE IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I FURTHER UNDERSTAND THAT THIS APPLICATION IS SUBJECT TO APPROVAL BY THE CHARLESTON ASSOCIATION OF LEGAL ASSISTANTS, INC. MEMBERSHIP COMMITTEE.

(SIGNATURE OF APPLICANT)

(DATE)

*****DUES MUST ACCOMPANY APPLICATION AND ARE NOT PRORATED*****

MAKE CHECKS /MONEY ORDER PAYABLE TO: **CHARLESTON ASSOCIATION OF LEGAL ASSISTANTS, INC.**
AND SEND WITH APPLICATION TO: **Post Office Box 1260, Charleston, South Carolina 29402.**
(**Please DO NOT send cash.**)

EACH APPLICATION FOR MEMBERSHIP WILL BE REVIEWED BY THE MEMBERSHIP COMMITTEE. EACH APPLICANT WILL BE NOTIFIED OF THE STATUS OF HER/HIS APPLICATION BEFORE THE NEXT REGULAR MONTHLY MEETING OF THE ASSOCIATION.

MEMBERSHIP COMMITTEE REVIEW:

APPROVED: ☐ YES ☐ NO

DATE:

Comments: