



# Oklahoma Paralegal Association

## Student Membership Attestation with Verification

Fiscal Year: January 1 to December 31

**DUES STRUCTURE**

Student (\$25.00 per year; **waived 2022**)

**Student Applicant's Name:** \_\_\_\_\_

### STUDENT ATTESTATION

**I hereby apply for membership in OPA and submitted \$25 \_\_\_ or dues waived \_\_\_ in payment of the annual dues. I hereby consent to OPA's investigation of my application and to OPA's contacting my present school for verification or clarification of my qualifications for student membership. I attest that I am 18 years of age or older, a resident of the State of Oklahoma and that I am actively enrolled in a paralegal/legal assistant program at \_\_\_\_\_ (name of school) and, as such, qualify as a student member. I further attest that I have read and agree to be bound by the Code of Ethics and Professional Responsibility of OPA and NALA, and I agree to be bound by the Disciplinary Procedures established by OPA.**

**I UNDERSTAND THAT MY QUALIFICATION FOR MEMBERSHIP DEPENDS ON THE RETURN OF THE SIGNED VERIFICATION FORM TO OPA. THEREFORE, I HAVE SIGNED BELOW AND WILL DELIVER THE COORDINATOR'S VERIFICATION FORM TO THE PROGRAM COORDINATOR OR DIRECTOR AT THE SCHOOL/INSTITUTION NAMED ABOVE.**

TO PARALEGAL PROGRAM DIRECTOR/COORDINATOR:

I have applied for membership in the Oklahoma Paralegal Association as a student member. To qualify as a Student Member, I must provide verification from the coordinator of the paralegal/legal assistant program at the college or university where I am enrolled. Please verify that I am actively enrolled in the Paralegal/Legal Assistant Program at the school or institution named above by signing the Coordinator's Verification below and mailing this form to: Oklahoma Paralegal Association, c/o Mona Jenkins, OPA Vice President, 17057 S. 9<sup>th</sup> West Ave., Glenpool, OK 74033. You have my permission to furnish additional information or clarification as requested by the Oklahoma Paralegal Association in verifying my active enrollment.

**Date** \_\_\_\_\_ **Student's Signature** \_\_\_\_\_

### COORDINATOR'S VERIFICATION

This will serve as verification by the undersigned that (a) I am the Coordinator or Director of the Paralegal/Legal Assistant Program at the \_\_\_\_\_; and (b) that the student named above is actively enrolled in the program of which I am the coordinator or director. I recommend the applicant for student membership in the Oklahoma Paralegal Association.

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

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

Print Name/Title: \_\_\_\_\_

**If you have any questions or changes in your membership status,  
please contact OPA via email at [OklahomaParalegalAssociation@gmail.com](mailto:OklahomaParalegalAssociation@gmail.com).**