



Date: _____

APPLICATION TO SERVE ON THE ADVANCED CALIFORNIA PARALEGAL SPECIALIZATION ADVISORY COMMITTEE (Advisory Committee)

APPLICATION TO SERVE ON THE COMMISSION FOR ADVANCED CALIFORNIA PARALEGAL SPECIALIZATION BOARD OF DIRECTORS (CACPS)

Paralegals	Judges	Marketing Experts	Legal Administrators
Attorneys	Legal Publishers	Paralegal Educators	

Applicant Name: _____

Mailing Address: Home Office

Daytime Phone _____ Fax _____

e-mail _____

Please include your resume and a separate statement as to why you want to serve on the Advisory Committee/CACPS Board of Directors, and any other information relating to the position.

Which of the following best describes your occupation:

Private Corporate
 Public Sector Other _____

Attorney - California State Bar No. _____

Yes, I utilize paralegals

Judge - California State Bar No. _____

Yes, I utilize paralegals

Paralegal - CLA CAS

If applying for CACPS:

Yes, I acknowledge that I am prohibited from taking the CAS exam during my term of office and three years thereafter.

Legal Administrator

Paralegal Educator

Currently affiliated with institution _____

Legal Publisher

Marketing Expert