



# Paralegal Association of Central Ohio Sustaining Membership Application 2007-2008

Name: \_\_\_\_\_

Business Address: \_\_\_\_\_  
\_\_\_\_\_

Business Phone: \_\_\_\_\_ Business Fax: \_\_\_\_\_

Paralegal Association of Central Ohio should forward all correspondence to:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

**Sustaining Membership Requirements:** Person, partnership, organization or other entity interested in supporting the purposes and objectives of this Association and the paralegal profession; and is not presently employed in a paralegal capacity. (\$150.00 per year).

**Check type of Sustaining Membership Desired:**       Renewal Application       New Member  
Application

**Names of Paralegals Employed by You:**

(Please attach additional sheets if necessary)

_____	_____
_____	_____
_____	_____
_____	_____

I certify the information contained in this application to be true and correct. I certify that I will not use the PACO Membership Directory for personal or business gain.

**Dated:** \_\_\_\_\_ **Signed:** \_\_\_\_\_

Make checks payable to: **Paralegal Association of Central Ohio**

Return Application to:

Paralegal Association of Central Ohio  
Attention: Second Vice President/Membership  
P.O. Box 15182  
Columbus, Ohio 43215-0182

A member of the National Federation of Paralegal Associations