



THE PARALEGAL ASSOCIATION OF WISCONSIN, INC.

P O Box 510892

Milwaukee, WI 53203-0151

STUDENT CERTIFICATION

The Paralegal Association of Wisconsin, Inc., is a professional association dedicated to the promotion of the role of Paralegals in the legal field, their training and continuing education.

We request that you complete this form as a prerequisite to the applicant's student membership. Your time and cooperation are appreciated.

If you have any questions, please do not hesitate to contact any Board member as listed on the Association's web site.

I hereby certify that _____ is a student at:

Name of Institution: _____

Address of Institution: _____

City, State & Zip: _____

In the following program: _____ with an

expected graduation date of _____.

By: _____

Print Name: _____

Title: _____

Date: _____