



THE PARALEGAL ASSOCIATION OF WISCONSIN, INC.
P.O. Box 510892
Milwaukee, WI 53203-0151

www.wisconsinparalegal.org (414) 272-7168

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 the Association at the number listed above. **Please note: Online application must also be submitted.**

STUDENT INFORMATION

Student's Name: _____

Home Address: _____

City, State & Zip: _____

Phone Number: _____ Email address* _____

***Must have Email address to receive newsletter**

INSTRUCTOR CERTIFICATION

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: _____