



2017 Minnesota Paralegal Association Self-Nomination Form

Officers, Directors, Committee & Sectional Chair Positions

PLEASE PRINT CLEARLY

1. Your Name _____
Firm/Company name _____
Address _____
Phone _____
Fax _____
Email _____

2. Area(s) of law in which you work: _____

3. Member type (*Voting, Sustaining, Student, etc*): _____

4. Other Leadership Positions you have held: _____

5. Please list the MPA position(s) in which you are interested: _____

6. If applying for a chair position, would you be willing to serve as a co-chair? Y N

7. If yes, do you have a co-chair in mind? (*at least one must be a voting member*) _____

8. Please write two or three sentences about yourself. You might wish to describe your background and/or your qualifications for the position(s) in which you are interested. _____

