



SMOKY MOUNTAIN PARALEGAL ASSOCIATION

DECLARATION FOR OFFICE

I, _____, hereby certify that I am an active member in good standing of the Smoky Mountain Paralegal Association and do hereby declare myself a candidate for the office of _____ for the year 20____.

If elected, I promise that I will faithfully discharge all the duties of the office for which I am elected.

Signature

Deadline: Completed Forms should be mailed or emailed to the SMPA Secretary no later than September 1.

Email: Secretary@SMParalegal.org or mailing address:

**Attention: Secretary
Smoky Mountain Paralegal Association
Post Office Box 445
Knoxville, Tennessee 37901**

Please note:

If you currently hold an office with any other paralegal association in the state of Tennessee, you do not qualify to hold an office with SMPA. Please refer to the Smoky Mountain Paralegal Association Bylaws, Article IX, Conflicts of Interest.

If you are declaring for the position of NALA Liaison, you must hold the designation of CP/ CLA / ACP and be an active member in good standing of the National Association of Legal Assistants/Paralegals.