

CHANGE OF INFORMATION FORM

NAME: _____

MAILING ADDRESS:

PHONE (WORK): _____

PHONE (HOME): _____

FAX (WORK): _____

FAX (HOME): _____

EMAIL (WORK): _____

EMAIL (HOME): _____

CHANGE IN STATUS: _____

ADD CLA DESIGNATION: _____

(Please attach a copy of your certificate)

ADD CLAS DESIGNATION: _____

(Please attach a copy of your certificate)

SPECIALTY AREA: _____

MAIL TO:

TENNESSEE PARALEGAL ASSOCIATION
P.O. Box 305
KNOXVILLE, TN 37901