



PARALEGAL ASSOCIATION OF FLORIDA, INC.

Inspiring professional growth...one paralegal at a time®

222 S. Westmonte Drive, Suite 101 | Altamonte Springs, FL 32714
407-774-7880 | Fax: 407-774-6440 | www.pafinc.org

MEMBERSHIP RENEWAL FORM

First Name: _____ Last Name: _____

Primary Street Address: _____

City/State/Zip: _____

County: _____

Employer Name: _____ Work Telephone #: _____

Cell #: _____ Primary Email: _____

Active: \$90 Associate: \$90 Sustaining: \$185 Student: \$45 Emeritus: \$0 Honorary: \$0

Pursuant to Standing Rule 3.5, annual dues shall be payable to Paralegal Association of Florida, Inc. on or before July 1 of each year. Dues shall be delinquent and a member removed from the PAF Roster if not paid by August 31. A prior member can obtain reinstatement after delinquency when paying the \$15.00 reapplication fee. The renewal membership fee includes membership in one Paralegal Association of Florida, Inc. (PAF) chapter. If you are unfamiliar with the Chapter locations, visit the PAF website at www.pafinc.org.

SELECT YOUR PREFERRED PRIMARY CHAPTER AFFILIATION BELOW (CHECK ONE BOX ONLY):

BIG BEND BOCA RATON BREVARD BROWARD FIRST COAST HILLSBOROUGH

PALM BEACH PINELLAS SOUTHWEST FLORIDA SUNCOAST TREASURE COAST AT LARGE

If Applicable, select ADDITIONAL Chapter affiliation(s):

Additional Chapter Membership: \$25 fee for each additional PAF Chapter, which you desire to be an active member.

If you do not select a Chapter affiliation, PAF HQ will select one based on your geographic location. The At-Large designated will be selected for those applicants whose home address is not located near a PAF Chapter.

CREDENTIALS

CP expires _____ ACP expires _____ FCP expires _____ FRP expires _____ NALA member: ___ Yes ___ No

Reaffirmation: In applying for renewal of membership in Paralegal Association of Florida, Inc., I reaffirm that I have read and agree to be bound by the Code of Ethics and Professional Responsibility adopted by the National Association of Legal Assistants, Inc. (NALA). I further certify that I continue to meet the requirements of the PAF membership category for which I am renewing.

Signature (Required): _____ Date: _____

PAYMENT

Total fee enclosed with check or payable by credit card \$ _____

Method of Payment: Check payable to *Paralegal Association of Florida, Inc.* Visa MasterCard American Express

Name on Card: _____

Card Number: _____ Exp. Date: _____ Security Code: _____

Billing Address: _____

Authorized Signature: _____ Date: _____

For credit card payments, scan and email to ivermeer@kmgnet.com
For check payments, mail to PAF, 222 S. Westmonte Drive, Suite 101, Altamonte Springs, FL 32714