



PARALEGAL ASSOCIATION OF FLORIDA, INC.

An affiliate of the National Association of Legal Assistants, Inc.
Inspiring professional growth...one paralegal at a time®

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SUSTAINING MEMBER APPLICATION FOR NEW MEMBERSHIP

DO NOT USE THIS APPLICATION TO RENEW YOUR EXISTING
SUSTAINING MEMBERSHIP

<i>For office use only:</i>	
Postmark Date: _____	Sent to Second VP: _____
Date Received: _____	Category: <u>SUSTAINING</u>
Amount Paid: _____	Chapter Affiliation: _____
Payment Type: _____	Approved Membership Drive Date Init _____

GENERAL INFORMATION ABOUT APPLICANT:

Sustaining Member Name: _____

Name of Designated Representative: _____

Preferred Email Address: _____ Alternate Email Address: _____

Preferred Mailing Address: _____ County _____

City: _____ State: _____ Zip: _____ Phone _____

Website: _____

Service / Specialty Provided _____

NALA Member? YES NO Birth Month/Day: _____ / _____

In compliance with the Americans with Disabilities Act, do you have any special needs (check one)? YES NO

Have you ever been convicted of a felony (check one)? YES* NO *In accordance with Articles 3.9 and 3.27 of the NALA Bylaws, by which PAF is also governed, individuals who have been convicted of a felony are not eligible for membership.

CHAPTER AFFILIATION*:

Visit the PAF website at www.pafinc.org to determine the Chapter location nearest to you. If you do not indicate a PAF Chapter affiliation, a PAF Chapter affiliation will be designated for you based on the geographic location closest to your preferred address. Members at Large will be designated only for those applicants whose preferred address is not located near a PAF Chapter.

INDICATE YOUR PREFERRED PRIMARY CHAPTER 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, indicate ADDITIONAL Chapter(s) (See membership fees section below regarding additional fee): _____

*Sustaining Membership shall have all of the privileges and prerogatives of an Active member, except for voting privileges, holding office or serving as the chair on any committee.

STATE MEMBERSHIP FEE (INCLUDES MEMBERSHIP IN ONE PAF CHAPTER): \$200.00

This fee includes a nonrefundable application fee of \$15.00. Membership year: July 1 – June 30. For any application received March 1 to June 30, the fee covers the current and upcoming fiscal membership year, and will not be subject to renewal until June 30 of the following calendar year.

Additional Chapter Membership: \$25, for each additional PAF Chapter, which you desire to be a Sustaining member.

INDICATE MEMBERSHIP FEES ENCLOSED AND METHOD OF PAYMENT:

Total Fee enclosed or paid by credit card \$ _____

Method of Payment: Check / Money Order payable to Paralegal Association of Florida, Inc. Visa MasterCard

Name on Card: _____

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

Billing Address: _____

Authorized Signature: _____ Date: _____

The undersigned, as the representative of the Applicant, hereby applies for membership as a SUSTAINING MEMBER in the PARALEGAL ASSOCIATION OF FLORIDA, INC. (PAF) and certifies that the above information is true and correct and that Sustaining Member Applicant meets one of the requirements for Sustaining Membership as set forth at PAF's website (www.pafinc.org). I affirm that on behalf of the Applicant, 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. and the PARALEGAL ASSOCIATION OF FLORIDA, INC. (See PAF website:www.pafinc.org). If I am advised by PAF that the Sustaining Member has been found to be in violation of Sections 3.8 or 3.9 of its Bylaws, I will, on behalf of the Sustaining Member and my own initiative, resign the Sustaining Member's membership from PAF. ***PLEASE CHECK APPROPRIATE SUSTAINING CATEGORY FOR WHICH YOU ARE APPLYING AND PROVIDE SUPPORTING DOCUMENTATION***

- (A) _____ Law firm
- (B) _____ Title company
- (C) _____ Banking company
- (D) _____ Other company providing services either to this organization or to law offices
- (E) _____ Other law-related business or enterprise

SIGNATURE: _____ **DATE:** _____

***FAILURE TO PROVIDE PAYMENT AND SUPPORTING DOCUMENTATION WILL DELAY APPROVAL OF YOUR APPLICATION.
Return completed application and payment to the address at the top of page 1.***