



# PARALEGAL ASSOCIATION OF FLORIDA, INC.

Inspiring professional growth...one paralegal at a time<sup>®</sup>

P.O. Box 14051, Clearwater, FL 33766 | 727-245-0072 | www.pafinc.org

## MEMBERSHIP RENEWAL FORM

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Primary Street Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ County: \_\_\_\_\_

Practice Areas: \_\_\_\_\_

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](http://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: \_\_\_\_\_

**Return completed application and payment to the address at the top of page 1.**