



PARALEGAL ASSOCIATION OF FLORIDA, INC.

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

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

EMERITUS MEMBER

APPLICATION FOR NEW MEMBERSHIP

DO NOT USE THIS APPLICATION TO RENEW EXISTING MEMBERSHIP

GENERAL INFORMATION

Name: _____

Preferred Email Address: _____

Alternate Email Address: _____

Preferred Mailing Address: _____ County: _____

City: _____ State: _____ Zip: _____ Phone: _____

Previous Employer: _____

City: _____ State: _____ Zip: _____ Phone: _____

Total Years Working as a Paralegal: _____ Date Ceased Working: _____ Age: _____

Practice Areas: _____

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):

- | | | |
|--------------------------------------|---------------------------------------|---|
| <input type="checkbox"/> BIG BEND | <input type="checkbox"/> HILLSBOROUGH | <input type="checkbox"/> SUNCOAST |
| <input type="checkbox"/> BOCA RATON | <input type="checkbox"/> PALM BEACH | <input type="checkbox"/> TREASURE COAST |
| <input type="checkbox"/> BREVARD | <input type="checkbox"/> PINELLAS | <input type="checkbox"/> AT LARGE |
| <input type="checkbox"/> BROWARD | <input type="checkbox"/> POLK | |
| <input type="checkbox"/> FIRST COAST | <input type="checkbox"/> SOUTHWEST | |

If Applicable, indicate ADDITIONAL Chapter(s) (See membership fees section below regarding additional fee): _____

*An Emeritus member shall have all of the privileges and prerogatives of an Active member, including voting privileges, except that an Emeritus member may not hold office or serve as the chair on any committee. Emeritus status allows membership in the Paralegal Association of Florida, Inc. without annual dues payments, but subject to annual member renewal approval.

STATE MEMBERSHIP FEE (INCLUDES MEMBERSHIP IN CHOSEN PAF CHAPTER): \$15.00

The one-time nonrefundable \$15 fee includes change to Emeritus status.

Additional Chapter Membership: \$0, for each additional PAF Chapter, which you desire to be an Emeritus member.

INDICATE APPLICATION 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: _____

DEFINITIONS AND QUALIFICATIONS OF PARALEGAL (ALSO KNOWN AS LEGAL ASSISTANT)

Paralegals are a distinguishable group of persons who assist attorneys in the delivery of legal services. Through formal education, training, and experience, paralegals/legal assistants have knowledge and expertise regarding the legal system and substantive and procedural law, which qualify them to do work of a legal nature ***under the supervision of an attorney***. Paralegals may also work for government and corporate entities and perform substantive legal work for which a lawyer is ultimately responsible, yet not work under the direct supervision of an attorney while performing these duties.

“Legal Assistant” means a person, ***“who under the supervision and direction of a licensed attorney***, engages in legal research and case development or planning in relation to modifications or initial proceedings, services, processes, or applications; or who prepares or interprets legal documents or selects, compiles, and uses technical information from references such as digests, encyclopedias or practice manuals and analyzes and follows procedural problems that involve independent decisions.” (*Fla. Stat. ch. 57.104*) The terms “*Legal Assistant*” and “*Paralegal*” are utilized *interchangeably* and such professional positions are not intended to be misunderstood as two separate professions.

QUALIFICATION FOR EMERITUS MEMBERSHIP

An Emeritus member is an individual who, for at least ten (10) years and within the last twelve (12) years at application date, was an Active member of the Paralegal Association of Florida, Inc. but is no longer working as a paralegal. Emeritus status is only available to the category of Active membership of the Paralegal Association of Florida, Inc.

If any Active Member of the Paralegal Association of Florida, Inc., under the conditions of paragraph one above, submits a request to the Paralegal Association of Florida, Inc. that he/she be placed into an Emeritus status due to one of the following circumstances, then the applicant may be eligible for Emeritus status:

- Any Active Member who is 55 years of age or older, and who withdraws from employment and no longer works as a paralegal or legal assistant, may submit a request to the Paralegal Association of Florida, Inc. that he/she be placed into an Emeritus status;
- Any Active Member who becomes permanently disabled and stops working as a paralegal or legal assistant may submit medical proof of disability and, upon approval of the Paralegal Association of Florida, Inc., be granted Emeritus status;

Any Active Member who returns to employment as a paralegal or legal assistant will no longer retain Emeritus status and will be required to meet the same requirements as all other Active Members by satisfying the requirements and completing and submitting the current Active membership application. Should the Active Member have any units of education accrued to his/her benefit when Emeritus status is granted, they may be carried over, provided, the Active Member has not been on Emeritus status for more than two and one-half years.

PLEASE INITIAL THE FOLLOWING STATEMENT AND INDICATE QUALIFICATION FOR EMERITUS MEMBERSHIP BELOW:

_____ I hereby apply for membership as an EMERITUS MEMBER in the PARALEGAL ASSOCIATION OF FLORIDA, INC. (PAF) and certify that the above information is true and correct and that I meet one of the requirements for membership as an EMERITUS member as set forth at the PAF website (www.pafinc.org). I affirm 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. and PARALEGAL ASSOCIATION OF FLORIDA, INC. (See PAF website: www.pafinc.org.) If I am advised by PAF that I have been found to be in violation of Sections 3.8 or 3.9 of its Bylaws, I will, on my own initiative, resign my membership from PAF.

FAILURE TO PROVIDE PAYMENT AND SUPPORTING DOCUMENTATION WILL DELAY APPROVAL OF YOUR APPLICATION.

CHECK ONLY ONE OF THE FOLLOWING STATEMENTS THAT INDICATE QUALIFICATION FOR EMERITUS MEMBERSHIP BELOW AND PROVIDE THE DOCUMENTS REQUESTED IN BOLD/UNDERLINE

- Active Member who is 55 years of age or older, who has withdrawn from employment and no longer works as a paralegal or legal assistant. **Please provide a signed statement from last employer or other colleague evidencing withdrawal from employment or provide other government, certificate or document evidencing same.**
- Active Member who has become permanently disabled and has stopped working as a paralegal or legal assistant. **Please provide a letter from a doctor, other medical source or previous employer stating the applicant’s condition prohibits applicant from employment OR proof of disability benefits from a government or private source.**

NOTE: CHANGE OF MEMBERSHIP STATUS - When the eligibility requirements for Emeritus membership are met, an Emeritus member may request a change of status from “Emeritus” to “Active” Membership in accordance with the qualifications as stated above, upon completion of an Application for New Membership, accompanied by supporting documentation, active member dues, and the applicable application fee.

I understand that in the event an application has been pending for a period of 90 days or more due to a deficiency of which the applicant has been informed, and the deficiency remains unsatisfied, no refund will be made to applicant.

APPLICANT SIGNATURE: _____ **DATE:** _____

Return completed application, qualification documentation, and payment to the address at the top of page 1.