



# 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

## MEMBERSHIP RENEWAL FORM

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Primary Street Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_ County: \_\_\_\_\_  
Practice Areas: \_\_\_\_\_  
Employer Name: \_\_\_\_\_  
Work Telephone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
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):

- |                                      |                                       |   |
|--------------------------------------|---------------------------------------|---|
| <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, 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.**