

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

PAF NOMINATION FORM **ParaLEADER of the Year Award**

NOMINATIONS OPEN: JUNE 15, 2019
NOMINATIONS CLOSE: AUGUST 15, 2019

This form must be completed for all nominees of the PAF ParaLEADER of the Year Award. The completed form must be return to PAF no later than **August 15, 2019**.

Purpose

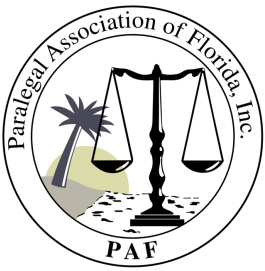
Each year an outstanding paralegal will be selected to receive PAF's pinnacle annual award, the ParaLEADER of the Year award. This prestigious award will be given to a singular paralegal who has contributed significantly to the legal community and/or PAF. The purpose of this award is to recognize above-and-beyond achievement including contributions to relationships among the paralegal profession, the public, and the legal community and/or exceptional leadership within a PAF Chapter including proposing or developing programs or guidelines.

Qualifications (*Current PAF Executive Committee members cannot nominate nor are eligible as a recipient of this award*)

- ◆ Must be a current Active or Student member of PAF
- ◆ Must have been a member of PAF for at least two (2) years
- ◆ Must be nominated by another PAF Member
- ◆ Nominating PAF Member cannot be related to Nominee

Send your completed Nomination Form either via email to: director@pafinc.org
or via mail to: P.O. Box 14051, Clearwater, Florida 33766





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PAF AWARD NOMINATION FORM – ParaLEADER of the Year

Nominee Information

Name: _____

Address: _____

Phone: _____ Email: _____

Nominee Achievements and Contributions

In the box below, describe the most significant achievement or contribution that should be considered for the ParaLEADER of the Year Award. Include the purpose of the project/program, Nominee's level of involvement, current status of project/program, and the effect Nominee's participation on the project/program. If more space is needed, please use an additional sheet.

Information of Nominating PAF Member (*Nominees must be nominated by a PAF Member*)

I hereby nominate _____ for consideration as a recipient of the PAF ParaLEADER of the Year Award.

Name: _____

Address: _____

Phone: _____ Email: _____

Signature of Nominating PAF Member

Date

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