



# 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](http://www.pafinc.org)

## MEMBERSHIP RENEWAL FORM

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

Designation:  CP  ACP  FCP  FRP Other: \_\_\_\_\_

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):

AT LARGE  BIG BEND  BOCA RATON  BREVARD  BROWARD  FIRST COAST  HILLSBOROUGH  
 PALM BEACH  PINELLAS  POLK  SOUTHWEST FLORIDA  SUNCOAST  TREASURE COAST

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 \$ \_\_\_\_\_

**IF YOU WISH TO PAY WITH A CREDIT CARD (Visa, MasterCard, OR American Express),  
PLEASE FOLLOW THE INSTRUCTIONS GIVEN WITH YOUR RENEWAL EMAIL.**

If you have any questions, please direct them to: [director@pafinc.org](mailto:director@pafinc.org)

**For check payments, mail to:  
Paralegal Association of Florida, Inc.  
P.O. Box 14051  
Clearwater, FL 33766**