



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: _____

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 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):

AT LARGE BIG BEND BOCA RATON BREVARD BROWARD FIRST COAST HILLSBOROUGH

PALM BEACH PINELLAS POLK SOUTHWEST FLORIDA SUNCOAST TREASURE COAST

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

If you would like to be a member of an additional chapter, list ADDITIONAL Chapter affiliation(s) here: _____

Additional Chapter Membership: \$25 fee for each additional PAF Chapter, which you desire to be an active member.

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: Renewal fee: \$ _____, Plus Additional Chapter(s) fee: \$ _____; 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 forward them to: SWebber@pbcgov.org

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