



PARALEGAL ASSOCIATION OF FLORIDA, INC.

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

P.O. Box 11081, Tallahassee, FL 32302 | 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 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.