



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

STUDENT MEMBER APPLICATION FOR NEW MEMBERSHIP

GENERAL INFORMATION ABOUT APPLICANT

Name: _____

Preferred Email Address: _____

Alternate Email Address: _____

Preferred Mailing Address: _____ County: _____

City: _____ State: _____ Zip: _____ Phone: _____

School Name: _____

City: _____ State: _____ Zip: _____ Phone: _____

Employer Name: _____

City: _____ State: _____ Zip: _____ Phone: _____

Birth Month/Day: _____ / _____

In compliance with the Americans with Disabilities Act, do you have any special needs (check one)? YES NO
Have you ever been convicted of a felony (check one)? YES* NO *In accordance with Articles 3.9 and 3.27 of the NALA Bylaws, by which PAF is also governed, individuals who have been convicted of a felony are not eligible for membership.

CHAPTER AFFILIATION*

Visit the PAF website at www.pafinc.org to determine the Chapter location nearest to you. If you do not indicate a PAF Chapter affiliation, a PAF Chapter affiliation will be designated for you based on the geographic location closest to your preferred address. Members at Large will be designated only for those applicants whose preferred address is not located near a PAF Chapter.

INDICATE YOUR PREFERRED PRIMARY CHAPTER 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 COUNTY | <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, indicate ADDITIONAL Chapter(s) (See membership fees section below regarding additional fee): _____

*Student Membership shall have all of the privileges and prerogatives of a Student member, except for voting privileges, holding office or serving as the chair on any committee.

STATE MEMBERSHIP FEE (INCLUDES MEMBERSHIP IN ONE PAF CHAPTER): \$50.00

Membership year: July 1 – June 30. This fee includes a nonrefundable application fee of \$5.00. For any application received March 1 to June 30, the fee covers the current and upcoming fiscal membership year, and will not be subject to renewal until June 30 of the following calendar year. Additional Chapter Membership: \$25, for each additional PAF Chapter, which you desire to be a student member.

INDICATE MEMBERSHIP FEES ENCLOSED AND METHOD OF PAYMENT

Total Fee enclosed or paid by credit card \$ _____

Method of Payment: Check / Money Order payable to Paralegal Association of Florida, Inc. Visa MasterCard

Name on Card: _____

Card Number: _____ Exp. Date: _____ Security Code: _____

Billing Address: _____

Authorized Signature: _____ Date: _____

DEFINITIONS AND QUALIFICATIONS OF PARALEGAL

Paralegals are a distinguishable group of persons who assist attorneys in the delivery of legal services.

“A paralegal is a person, qualified by education, training, or work experience who is employed or retained by a lawyer, law office, corporation, governmental agency or other entity and who performs specifically substantive legal work for which a lawyer is responsible.” **American Bar Association 2020**

“A paralegal is a person with education, training or work experience, who works under the direction and supervision of the Florida Bar and who performs specifically delegated substantive legal work for with a member of the Florida Bar is responsible,” **Florida Bar, Rule 20.**

QUALIFICATION FOR STUDENT MEMBERSHIP

NOTE: CHANGE OF MEMBERSHIP STATUS - When the eligibility requirements for Active membership are met, a Student member may request a change of status from “Student” to “Active” Membership upon completion of an Application for New Membership, accompanied by supporting documentation, active member dues, and the applicable application fee.

PLEASE INITIAL THE FOLLOWING STATEMENT AND PROVIDE THE REQUIRED DOCUMENTATION FOR STUDENT MEMBERSHIP BELOW

_____ I hereby apply for membership as a STUDENT MEMBER in the PARALEGAL ASSOCIATION OF FLORIDA, INC. (PAF) and certify that the above information is true and correct and that I meet the requirements for Student Membership as set forth at the PAF website (www.pafinc.org). I affirm 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. and the PARALEGAL ASSOCIATION OF FLORIDA, INC. (See PAF website: www.pafinc.org). If I am advised by PAF that I have been found to be in violation of Sections 3.8 or 3.9 of its Bylaws, I will, on my own initiative, resign my membership from PAF. I HEREBY GIVE CONSENT TO PAF TO CONTACT MY EDUCATIONAL INSTITUTION FOR VERIFICATION OR CLARIFICATION OF MY QUALIFICATIONS FOR MEMBERSHIP.

I am providing a completed School Attestation and transcript or term bill evidencing the required six (6) semester hours or equivalent of law-related courses OR three (3) semester hours or equivalent of law-related courses and Attorney/Employer Attestation from supervising attorney as to full-time employment in a law-related field.

I understand that in the event an application has been pending for a period of 90 days or more due to a deficiency of which the applicant has been informed, and the deficiency remains unsatisfied, PAF will impose a 50% processing fee upon return of the application.

SIGNATURE: _____ DATE: _____

SCHOOL ATTESTATION
(Must Be Completed In Full)

I HEREBY ATTEST that _____ is currently enrolled for _____ semester hours or the equivalent, in the Paralegal program at _____, located at _____, which program is fully accredited by _____.

Signature: _____ Date: _____
Printed Name: _____ Title: _____

ATTORNEY/EMPLOYER ATTESTATION
(Must Be Completed In Full)

I HEREBY ATTEST that: (i) I am the supervising attorney for _____; (ii) that s/he is currently employed by _____ in a full-time position in a law-related field; and (iii) that her/his ethical and professional conduct are above reproach, and that s/he is recommended by me for Student membership in the PARALEGAL ASSOCIATION OF FLORIDA, INC.

Attorney Signature: _____ Date: _____

Print Attorneys' Name: _____ Firm: _____

Name: _____ Firm Address: _____

City: _____ State: _____ Zip: _____ Attorney Florida Bar Number: _____

FAILURE TO PROVIDE PAYMENT AND SUPPORTING DOCUMENTATION WILL DELAY APPROVAL OF YOUR APPLICATION.

Return completed application, qualification documentation, and payment to the address at the top of page 1.