



# PARALEGAL ASSOCIATION OF FLORIDA, INC.

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

PO Box 11081 | Tallahassee | FL | 32302 | 727-245-0072 | [www.pafinc.org](http://www.pafinc.org)

Email for Existing Member Questions: [members@pafinc.org](mailto:members@pafinc.org)

## Call for Declaration of Candidacy for 2023

Pursuant to the Amended and Restated Bylaws of the Paralegal Association of Florida, Inc., a Florida not-for-profit corporation, Bylaws and Standing Rules of the Paralegal Association of Florida, Inc. ("PAF"), a call is hereby issued for Declarations of Candidacy for the following officer positions for the Calendar Year 2023:

President • First Vice President • Second Vice President • Secretary • Treasurer  
• NALA Liaison • Director at Large

Eligibility and Requirements: As a prerequisite for candidacy, officers must be active members of the Corporation and must be actively employed as a paralegal/legal assistant at the time of filing their declaration and at the time of election. Candidates for the office of President must have served a minimum of one year on the Executive Committee immediately prior to seeking the office of the President. Eligible members wishing to declare themselves candidates for the above officer positions shall return the following form, completed and signed by the candidate, to be received by the PAF Elections Chair **NO LATER THAN FRIDAY, SEPTEMBER 30, 2022.**

**ANY DECLARATIONS RECEIVED AFTER THAT DATE WILL NOT BE CONSIDERED BY THE CHAIRPERSON NOR PLACED ON THE BALLOT OF CANDIDATES.**  
**-ELECTIONS WILL BE HELD FROM OCTOBER 17, 2022 - OCTOBER 21, 2022**

Send your completed declaration to the Paralegal Association of Florida, Inc., Elections Chair at:  
PAF's Nominations and Elections Committee  
c/o Melissa Mara, CP, FRP  
P.O. Box 11081  
Tallahassee, FL 32302  
[admin@pafinc.org](mailto:admin@pafinc.org)

(Please include "PAF Declaration of Candidacy 2023" in the email subject line)

### A. I would like to nominate the following candidate:

Nominee's First and Last Name, email address, and phone number: \_\_\_\_\_

For the following office: \_\_\_\_\_

*Please return your nominee selection to the PAF Elections Chair.  
I understand that PAF will contact my nominee and request the nominee  
to complete and submit their candidate profile listed under Item B.*

### B. I would like to nominate myself or agree to accept nominations:

*Please print exactly as you would like it to appear on the ballot.*

Name: \_\_\_\_\_



Office(s): \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Employer: \_\_\_\_\_ Job Title: \_\_\_\_\_

Education: \_\_\_\_\_

*(Please list all degrees and the institutions where they were obtained.)*

Licenses/Certifications: \_\_\_\_\_

NALA Member:  Yes  No

**Service to PAF** - (Include elected positions to Executive Board, committee or task forces, presentations, etc., with years noted – e.g., Membership Committee, 2016.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Other Professional Activities** - (List membership or leadership in related professional organizations, publications, etc., with years noted.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Community Involvement** - (i.e. organizations, civic groups, etc., with years noted.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Honors and/or Awards**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please answer the following questions in **50 words or less**:

**What do you feel makes you uniquely qualified to serve in the position for which you seek election?**

\_\_\_\_\_  
\_\_\_\_\_



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**What do you see as the most important issues facing our professions and how would you respond to these issues as a Paralegal Association of Florida, Inc., Board member?**

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**I hereby certify that I am an Active member of the Paralegal Association of Florida, Inc. in good standing and hereby consent to be nominated for the following position: \_\_\_\_\_.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

**Endorsement of Nomination for Office**  
**At least five (5) endorsements of candidacy by active members of this corporation are needed**  
**MUST BE COMPLETED.**

We hereby certify that we are Active members of the Paralegal Association of Florida, Inc. in good standing and hereby endorse \_\_\_\_\_ as a candidate for the following position:

\_\_\_\_\_.

\_\_\_\_\_  
Active Member's Printed Name / Signature for Endorsement

\_\_\_\_\_  
Active Member's Printed Name / Signature for Endorsement

\_\_\_\_\_  
Active Member's Printed Name / Signature for Endorsement

\_\_\_\_\_  
Active Member's Printed Name / Signature for Endorsement

\_\_\_\_\_  
Active Member's Printed Name / Signature for Endorsement

By signing below, I verify that I understand the duties of the office I am seeking. If elected, I pledge that I will carry out my responsibilities with respect/regard for all members, regardless of religious, cultural, or racial backgrounds.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

