



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 June 30 of each year. On July 1, dues shall be delinquent, and a \$15.00 late fee will be assessed. Delinquent members will be removed from the PAF Roster if dues are not paid by August 31. A prior member of less than 2 years can obtain reinstatement after delinquency by paying a \$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"/> BROWARD | <input type="checkbox"/> PALM BEACH | <input type="checkbox"/> SOUTHWEST |
| <input type="checkbox"/> BOCA RATON | <input type="checkbox"/> FIRST COAST | <input type="checkbox"/> PINELLAS | <input type="checkbox"/> SUNCOAST |
| <input type="checkbox"/> BREVARD | <input type="checkbox"/> HILLSBOROUGH | <input type="checkbox"/> POLK | <input type="checkbox"/> TREASURE COAST |
| | | | <input type="checkbox"/> AT LARGE |

If Applicable, select ADDITIONAL Chapter affiliation(s): _____

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

If you do not select a Chapter affiliation, PAF will select one based on your geographic location. The At-Large designation 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 card¹ \$ _____

Method of Payment: Check payable to *Paralegal Association of Florida, Inc.*
 Credit Card

Name on Card: _____

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

Billing Address: _____

Authorized Signature: _____ Date: _____

¹ The member signing this form, agrees to remit payment in full for the options selected above. PAF will charge the correct amount to the credit card listed above without further notice to the member.