



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

APPLICATION FOR NEW MEMBERSHIP

DO NOT USE THIS APPLICATION TO RENEW YOUR EXISTING ASSOCIATE MEMBERSHIP

GENERAL INFORMATION

Name: _____

Preferred Email Address: _____

Alternate Email Address: _____

Preferred Mailing Address: _____ County: _____

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

Employer: _____

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

NALA Member? YES NO 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 whose civil rights have not been restored 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"/> FIRST COAST | <input type="checkbox"/> SOUTHWEST |
| <input type="checkbox"/> BREVARD | <input type="checkbox"/> PALM BEACH COUNTY | <input type="checkbox"/> TREASURE COAST |
| <input type="checkbox"/> BROWARD | <input type="checkbox"/> PINELLAS | <input type="checkbox"/> AT LARGE |

If Applicable, indicate ADDITIONAL Chapter(s) (See membership fees section below regarding additional fee): _____

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

STATE MEMBERSHIP FEE (INCLUDES MEMBERSHIP IN ONE PAF CHAPTER): \$105.00

Membership year: July 1 – June 30. This fee includes a nonrefundable application fee of \$15.00. 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 an associate member.

INDICATE MEMBERSHIP FEES ENCLOSED AND METHOD OF PAYMENT:

Total Fee enclosed or paid by credit card¹ \$ _____

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: _____

¹ The person 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.

DEFINITIONS AND QUALIFICATIONS OF PARALEGAL

Paralegals are a distinguishable group of persons who assist attorneys in the delivery of legal services. Through formal education, training, and experience, paralegals have knowledge and expertise regarding the legal system and substantive and procedural law, which qualify them to do work of a legal nature ***under the supervision of an attorney***. Paralegals may also work for government and corporate entities and perform substantive legal work for which a lawyer is ultimately responsible yet not work under the direct supervision of an attorney while performing these duties.

QUALIFICATION FOR ASSOCIATE MEMBERSHIP

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

PLEASE INITIAL THE FOLLOWING STATEMENT AND INDICATE QUALIFICATION FOR ASSOCIATE MEMBERSHIP BELOW:

I hereby apply for membership as an ASSOCIATE MEMBER in the PARALEGAL ASSOCIATION OF FLORIDA, INC. (PAF) and certify that the above information is true and correct and that I meet one of the requirements for membership as an ASSOCIATE 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 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.

PLEASE CHECK APPROPRIATE ASSOCIATE CATEGORY FOR WHICH YOU ARE APPLYING AND PROVIDE SUPPORTING DOCUMENTATION.

- (A) Attorney. (Florida Bar Number: _____)
- (B) Educator. (Provide evidence of same.)
- (C) Any person having attained the age of 55 years, who formerly would have been eligible for membership because of profession or otherwise. (Provide evidence of same.)
- (D) Non-resident of the State of Florida who would otherwise qualify for membership.
- (E) Individuals who have graduated or completed a paralegal program but who have not been employed full-time as a paralegal for at least 6 months. (Provide copy of certificate or degree showing proof of graduation date.)

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.

APPLICANT SIGNATURE: _____ DATE: _____

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.