



# 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](http://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 former member may rejoin within 2 years by paying a \$15 reapplication fee in addition to dues. After a lapse of 2 years or more, apply for approval as a new member with documentation. 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](http://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 COUNTY | <input type="checkbox"/> SOUTHWEST      |
| <input type="checkbox"/> BREVARD  | <input type="checkbox"/> FIRST COAST | <input type="checkbox"/> PINELLAS          | <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 card<sup>1</sup> \$ \_\_\_\_\_

**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: \_\_\_\_\_

<sup>1</sup> 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.