Call for Declaration of Candidacy for 2025

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 2025:

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 MONDAY, SEPTEMBER 30, 2024.**

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 16, 2024 - OCTOBER 22, 2024

Send your completed declaration to the Paralegal Association of Florida, Inc., Elections Chair at:
PAF's Nominations and Elections Committee
Asha Maharaj-Lucas
P.O. Box 11081
Tallahassee, FL 32303
admin@pafinc.org

(Please include "PAF Declaration of Candidacy 2025" 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

AFFILIATED WITH
NALA
SINCE 1979

_____

_____

_____

_____

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?

_____

_____

_____

_____

_____

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?

_____

_____

_____

_____

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

<div align="center">

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

</div>

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:

_____.

_____
<div align="center">Active Member's Printed Name / Signature for Endorsement</div>

_____
<div align="center">Active Member's Printed Name / Signature for Endorsement</div>

_____
<div align="center">Active Member's Printed Name / Signature for Endorsement</div>

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<div align="center">Active Member's Printed Name / Signature for Endorsement</div>

_____
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AFFILIATED WITH
NALA
SINCE 1979

</div>

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