



PARALEGAL ASSOCIATION OF FLORIDA, INC.

An affiliate of the National Association of Legal Assistants, Inc.

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ASSOCIATE MEMBER - APPLICATION FOR NEW MEMBERSHIP

DO **NOT** USE THIS APPLICATION TO **RENEW** YOUR EXISTING
ASSOCIATE MEMBERSHIP

For office use only:

Postmark Date: _____	Sent to Second VP: _____
Date Received: _____	Category: ASSOCIATE
Amount Paid: _____	Chapter Affiliation: _____
Payment Type: _____	Approved Membership Drive Date _____
	Init _____

GENERAL INFORMATION ABOUT APPLICANT:

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 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):

- ☐ BIG BEND ☐ BOCA RATON ☐ BREVARD ☐ BROWARD ☐ FIRST COAST ☐ HILLSBOROUGH
☐ PALM BEACH ☐ PINELLAS ☐ SOUTHWEST FLORIDA ☐ SUNCOAST ☐ TREASURE COAST ☐ 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 Associate member, except for voting privileges, holding office or serving as the chair on any committee.

STATE MEMBERSHIP FEE (INCLUDES MEMBERSHIP IN ONE PAF CHAPTER): \$90.00

Membership year: July 1 – June 30. 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 card \$ _____

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: _____

DEFINITIONS AND QUALIFICATIONS OF PARALEGAL (ALSO KNOWN AS LEGAL ASSISTANT):

Paralegals are a distinguishable group of persons who assist attorneys in the delivery of legal services. Through formal education, training, and experience, paralegals/legal assistants 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**.

"Legal Assistant" means a person, ***"who under the supervision and direction of a licensed attorney,"*** engages in legal research and case development or planning in relation to modifications or initial proceedings, services, processes, or applications; or who prepares or interprets legal documents or selects, compiles, and uses technical information from references such as digests, encyclopedias or practice manuals and analyzes and follows procedural problems that involve independent decisions." (*Fla. Stat. ch. 57.104*) The terms "Legal Assistant" and "Paralegal" are utilized *interchangeably* and such professional positions are not intended to be misunderstood as two separate professions.

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.