



PARALEGAL ASSOCIATION OF FLORIDA, INC.

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

466 94th Avenue North, St. Petersburg, FL 33702 • p: (727) 258-0460 • www.pafinc.org

APPLICATION FOR NEW MEMBERSHIP – ACTIVE MEMBER

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.

<i>For office use only:</i>	
Postmark Date: _____	Sent to Second VP: _____
Date Received: _____	Category: ACTIVE
Amount Paid: _____	Chapter Affiliation: _____
Payment Type: _____	

ACTIVE MEMBERSHIP

Do NOT USE THIS APPLICATION TO RENEW YOUR EXISTING ACTIVE MEMBERSHIP

NAME: _____ E-MAIL: _____

HOME MAILING ADDRESS: _____ COUNTY: _____

CITY: _____ STATE: _____ ZIP: _____ PHONE: _____

EMPLOYER'S NAME: _____

EMPLOYER'S ADDRESS: _____ COUNTY: _____

CITY: _____ STATE: _____ ZIP: _____ PHONE: _____

EMPLOYER'S FAX NO. _____ (OPTIONAL): BIRTH MONTH: _____ BIRTH DAY: _____

NOTE: E-MAIL IS PAF'S PREFERRED COMMUNICATION, BUT IF A MAILING IS BEING SENT, PLEASE SEND TO MY: HOME: _____ OFFICE: _____

NALA MEMBER? YES: _____ NO: _____ TOTAL YEARS AS A PARALEGAL: _____ SPECIALTY: _____

IN COMPLIANCE WITH THE AMERICANS WITH DISABILITIES ACT, DO YOU HAVE ANY SPECIAL NEEDS? YES: _____ NO: _____

DESIGNATIONS HELD AND EXPIRATION DATES: CP: _____ ACP: _____ FCP: _____ FRP: _____

HAVE YOU EVER BEEN CONVICTED OF A FELONY? 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.

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

_____ I hereby apply for membership as an ACTIVE MEMBER in the PARALEGAL ASSOCIATION OF FLORIDA, INC. (“PAF”) and certify that the above information is true and correct and that I meet the requirements for Active Membership 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 Section 3.8 of its Bylaws, I will, on my own initiative, resign my membership from PAF. I HEREBY GIVE CONSENT TO PAF TO CONTACT MY PRESENT AND/OR FORMER SUPERVISING ATTORNEY(S) FOR VERIFICATION OR CLARIFICATION OF MY QUALIFICATIONS FOR MEMBERSHIP.

FAILURE TO PROVIDE PAYMENT AND SUPPORTING DOCUMENTATION WILL DELAY APPROVAL OF YOUR APPLICATION. (CHECK ONLY ONE OF THE FOLLOWING STATEMENTS AND PROVIDE THE DOCUMENTS INDICATED.)

- (A) _____ Successful completion of the Certified Paralegal/Certified Legal Assistant (CP/CLA) examination administered by the National Association of Legal Assistants, Inc. (“NALA”). **Provide copy of CP/CLA certificate or NALA congratulatory letter.**
- (B) _____ Graduation from an American Bar Association (“ABA”) approved program of study for paralegals. **Provide copy of degree or certificate of completion.**
- (C) _____ Graduation from a course of study for paralegals which is institutionally accredited, but not ABA-approved, and which requires not less than the equivalent of sixty (60) semester hours of classroom study. **Attach a copy of degree AND a transcript (unofficial is acceptable) showing total hours earned.**

- (D)___ Graduation from a course of study for paralegals other than those set forth above, plus not less than six (6) months of in-house training as a paralegal. **A copy of graduation certificate AND completed Attorney/Employer Attestation (below) must be submitted with this application.**
- (E)___ A baccalaureate degree in any field, plus not less than six (6) months of in-house training as a paralegal. **A copy of baccalaureate degree AND completed Attorney/Employer Attestation (below) must be submitted with this application.**
- (F)___ A minimum of three (3) years of law-related experience under the supervision of an attorney, including not less than six (6) months of in-house training as a paralegal. **Completed Attorney/Employer Attestation (below) must be submitted with this application AND a separate letter from supervising attorney(s) as to three (3) years of law-related experience.**
- (G)___ Two (2) years of in-house training as a paralegal. **Completed Attorney/Employer Attestation (below) AND a separate letter from supervising attorney(s) as to two (2) years of in-house training as a paralegal must be submitted with this application.**

SIGNATURE: _____ DATE: _____

Make check payable to: "PARALEGAL ASSOCIATION OF FLORIDA, INC."

**MEMBERSHIP CYCLES ARE JULY 1 – JUNE 30 OF EACH YEAR.
REGARDLESS OF DATE OF APPROVAL, MEMBERSHIP WILL EXPIRE AND BE UP FOR RENEWAL ON JUNE 30.**

ACTIVE: \$105.00 INCLUDES \$15.00 APPLICATION FEE (\$60.00 PRORATED FOR APPLICATIONS RECEIVED JANUARY 1 THROUGH JUNE 30 INCLUDES \$15.00 APPLICATION FEE)

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, PARALEGAL ASSOCIATION OF FLORIDA, INC. will impose a 50% processing fee upon return of the application. APPROVED APPLICANTS WILL BE NOTIFIED VIA E-MAIL.

MEMBERSHIP FEE INCLUDES MEMBERSHIP IN A PAF CHAPTER

I REQUEST THAT I BE PLACED IN THE FOLLOWING PAF CHAPTER (If you are unfamiliar with the Chapter locations, visit the PAF website at www.pafinc.org):

- | | | | |
|-------------------------|--------------------|----------------------|----------------|
| _____ BIG BEND | _____ BOCA RATON | _____ BREVARD | _____ BROWARD |
| _____ FIRST COAST | _____ HILLSBOROUGH | _____ PALM BEACH | _____ PINELLAS |
| _____ SOUTHWEST FLORIDA | _____ SUNCOAST | _____ TREASURE COAST | |

The name of the PAF Chapter and contact information will be provided in the approval notification. If an applicant does not indicate a PAF Chapter affiliation, a Chapter affiliation will be designated based on the applicant's geographic location closest to their home address. Members at Large will be designated only for those applicants whose home address is not located near a PAF Chapter.

**ATTORNEY/EMPLOYER ATTESTATION
(As to six (6) months of in-house training as paralegal only.)**

I HEREBY ATTEST, pursuant to ch. 57.104, Florida Statutes, and Sections D, E, F or G requirements for active membership as referenced in this membership application that _____ is employed by me and is recognized as a paralegal, and that s/he meets the criteria of the definition of a paralegal/legal assistant set forth by ch. 57.104, Florida Statutes, *to wit*: "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." S/he is a person, qualified through education, training, and work experience, who is employed or retained by a lawyer, law office, governmental agency, or other entity in a capacity or function which involves the performance, under the ultimate direction and supervision of an attorney, of specifically-delegated substantive legal work, which work, for the most part, requires a sufficient knowledge of legal concepts that, absent such paralegal, the attorney would perform the task. **I FURTHER ATTEST that the applicant qualifies for Active Membership pursuant to the Section D, E, F or G requirements for Active Membership as referenced in this application and has been employed by me as a paralegal, that the applicant's ethical and professional conduct are above reproach, and that the applicant is recommended by me for Active Membership in PARALEGAL ASSOCIATION OF FLORIDA, INC.**

SIGNATURE: _____ DATE: _____

PRINT ATTORNEY'S NAME: _____

FIRM NAME AND STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____ FLORIDA BAR NO. _____