



# 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 – STUDENT 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: <u>STUDENT</u>
Amount Paid: _____	Chapter Affiliation: _____
Payment Type: _____	

### STUDENT MEMBERSHIP

NAME: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

HOME MAILING ADDRESS: \_\_\_\_\_ COUNTY: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_ PHONE: \_\_\_\_\_

SCHOOL NAME AND 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: \_\_\_\_\_

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

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 PROVIDE SUPPORTING DOCUMENTATION

\_\_\_\_\_ I hereby apply for membership as a STUDENT 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 Student Membership as set forth at the PAF website ([www.pafinc.org](http://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 the PARALEGAL ASSOCIATION OF FLORIDA, INC. (See PAF website: [www.pafinc.org](http://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 EDUCATIONAL INSTITUTION FOR VERIFICATION OR CLARIFICATION OF MY QUALIFICATIONS FOR MEMBERSHIP.

**I am providing a completed School Attestation and transcript or term bill evidencing the required six (6) semester hours or equivalent of law-related courses OR three (3) semester hours or equivalent of law-related courses and Attorney/Employer Attestation from supervising attorney as to full-time employment in a law-related field.**

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.**

**STUDENT: \$45.00 (\$22.50 PRORATED FOR APPLICATIONS RECEIVED JANUARY 1 THROUGH JUNE 30)**

**CHANGE OF MEMBERSHIP STATUS:** When the eligibility requirements for Active membership are met, a Student member may request a change of status from "Student" to "Active" Membership upon completion of an Application for New Membership, accompanied by supporting documentation, active member dues, and the applicable 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](http://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.

### ***SCHOOL ATTESTATION*** (Must Be Completed In Full)

**I HEREBY ATTEST** that \_\_\_\_\_ is currently enrolled for \_\_\_\_\_ semester hours or the equivalent, in the Paralegal program at \_\_\_\_\_, located at \_\_\_\_\_, which program is fully accredited by \_\_\_\_\_.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_  
TITLE: \_\_\_\_\_

### ***ATTORNEY/EMPLOYER ATTESTATION*** (Must Be Completed In Full)

**I HEREBY ATTEST** that: (i) I am the supervising attorney for \_\_\_\_\_; (ii) that s/he is currently employed by \_\_\_\_\_ in a full-time position in a law-related field; and (iii) that her/his ethical and professional conduct are above reproach, and that s/he is recommended by me for Student membership in the PARALEGAL ASSOCIATION OF FLORIDA, INC.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_  
**PRINT ATTORNEY'S NAME:** \_\_\_\_\_  
FIRM NAME AND STREET ADDRESS: \_\_\_\_\_  
CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_ FLORIDA BAR NO. \_\_\_\_\_