



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 – SUSTAINING 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*.

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

SUSTAINING MEMBERSHIP

SUSTAINING MEMBER NAME: _____ E-MAIL: _____

NAME OF DESIGNATED REPRESENTATIVE: _____ COUNTY: _____

SUSTAINING MEMBER ADDRESS: _____

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

FAX NO. _____ 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.

The undersigned, as the representative of the Applicant, hereby applies for membership as a SUSTAINING MEMBER in the PARALEGAL ASSOCIATION OF FLORIDA, INC. ("PAF") and certifies that the above information is true and correct and that Sustaining Member Applicant meets one of the requirements for Sustaining Membership as set forth at PAF's website (www.pafinc.org). I affirm that on behalf of the Applicant, 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). If I am advised by PAF that the Sustaining Member has been found to be in violation of Section 3.8 of its Bylaws, I will, on behalf of the Sustaining Member and my own initiative, resign the Sustaining Member's membership from PAF.

PLEASE CHECK APPROPRIATE SUSTAINING CATEGORY FOR WHICH YOU ARE APPLYING AND PROVIDE SUPPORTING DOCUMENTATION
Failure to provide your check and required supporting documentation will delay the approval of application.

- (A) _____ Law firm.
- (B) _____ Title company.
- (C) _____ Banking company.
- (D) _____ Other company providing services either to this organization or to law offices.
- (E) _____ Other law-related business or enterprise.

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.

SUSTAINING: \$185.00 (\$92.50 PRORATED FOR APPLICATIONS RECEIVED JANUARY 1 THROUGH JUNE 30)

MEMBERSHIP FEE INCLUDES MEMBERSHIP IN A PAF CHAPTER

I REQUEST THAT THE APPLICANT 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.