

## DESIGNATION OF PROXY AND ALTERNATE PROXY

Instructions and General Information:

ONLY ACTIVE MEMBERS MAY VOTE.

If you cannot attend the Paralegal Association of Florida, Inc. ("PAF") Special Membership Meeting on May 30, 2015, or any continuation or adjournment thereof, you may designate one PAF active member to cast your vote during the meeting. In the event the primary designee is not able to attend, a second PAF, active member may be appointed as an alternate. **Any active member may hold your vote with the exception of the PAF President.**

1. Make sure that your named proxy holder and alternate proxy holder plans to attend the Special Membership Meeting. If your proxy holder and/or alternate proxy holder have to leave the meeting before its conclusion, another member cannot hold your proxy. **No proxy or alternate proxy holder may be designated after the meeting commences on May 30, 2015.**
2. Your "Designation of Proxy and Alternate Proxy" form must be sent to PAF's Secretary Designation and in accordance with Section 3.13 of the PAF Amended and Restated Bylaws. It must be faxed, emailed, postmarked or delivered to the Secretary Designation no later than May 20, 2015.

## DESIGNATION OF PROXY AND ALTERNATE PROXY

I, \_\_\_\_\_, a PAF active member, hereby appoint \_\_\_\_\_ a PAF active member, to serve as my proxy holder at the PAF Special Membership Meeting in St. Petersburg, Florida on May 30, 2015 or any continuation or adjournment thereof. In the event my named proxy holder is unable to hold my proxy, I hereby appoint \_\_\_\_\_, a PAF active member, to serve as my alternate proxy at said Special Membership meeting. The proxy holder may act in the same manner and to the same extent, and with the same power, as I as, the proxy giver, could act if I were personally present at the meeting, subject to the instructions or restrictions set forth in the Instructions to Proxy and Alternate Proxy.

Dated: \_\_\_\_\_, 2015.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print or type your name

\_\_\_\_\_  
Address (Street or Post Office Box)

\_\_\_\_\_  
City, State, Zip

Send original Designation of Proxy to:

**Chrystal Lunsford, ACP, FRP**

**810 20<sup>th</sup> Avenue N**

**St Petersburg FL 33704**

**Fax: 727-578-9982**

**E-mail: [pmanrique@pafinc.org](mailto:pmanrique@pafinc.org) / [clunsford@gtmlegal.com](mailto:clunsford@gtmlegal.com) / [chryslunsford@yahoo.com](mailto:chryslunsford@yahoo.com)**

**Deadline: Must be received or postmarked no later than May 20, 2015.**

**INSTRUCTIONS TO PROXY AND ALTERNATE PROXY**  
**PARALEGAL ASSOCIATION OF FLORIDA, INC. SPECIAL MEETING,**  
**May 30, 2015**

TO: \_\_\_\_\_ and \_\_\_\_\_  
(Proxy Holder) (Alternate Proxy Holder)

\_\_\_\_\_  
(Address: Street or Post Office Box) (Address: Street or Post Office Box)

\_\_\_\_\_  
(City, State, Zip) (City, State, Zip)

I, \_\_\_\_\_, as an active member of Paralegal Association of Florida, Inc. ("PAF") hereby direct my proxy to vote as follows. I also direct my alternate proxy holder to vote as follows in the event my named proxy holder is unable to attend the PAF Special Membership Meeting on Saturday, May 30, 2015. I understand that my vote will be exercised at the discretion of my proxy holder unless otherwise instructed.

**DISTRIBUTION OF INSTRUCTIONS TO PROXY AND ALTERNATE PROXY:** Send one copy to both the Proxy Holder and the Alternate Proxy Holder. **DEADLINE:** Your instructions must reach your proxy holder and alternate proxy holder by the date of the PAF Special Membership Meeting, May 30, 2015, so that they will have the instructions to cast your vote.

3. This form is provided to you as a convenience to use to instruct your proxy holders how you wish your vote to be cast. You are not required to use this form; however, your proxy holders must be instructed on casting your vote.
4. Your Proxy and Alternate Proxy Holder must receive their instructions before the Special Membership Meeting.
5. **Include clear instructions about how your vote should be cast.**
6. Do **not** send this form to the PAF Secretary Designation. **The Secretary Designation should receive only your "Designation of Proxy and Alternate Proxy" form.**

MOTION #1:

RESOLVED, that the Bylaws of the Paralegal Association of Florida, Inc., be amended and restated in its entirety as set forth in the Amended and Restated Bylaws, a copy of which has been presented to the Membership to include Emeritus status under the following guidelines:

An Emeritus member is an individual who, for at least ten (10) years and within the last twelve (12) years, was an Active member of the Paralegal Association of Florida, Inc. but is no longer working as a paralegal. Emeritus status is only available to the category of Active membership of the Paralegal Association of Florida, Inc.

If any Active Member of the Paralegal Association of Florida, Inc., under the conditions of paragraph one above, submits a request to the Paralegal Association of Florida, Inc. that he/she be placed into an Emeritus status due to one of the following circumstances, then the applicant may be eligible for Emeritus status:

- Any Active Member who is 55 years of age or older, and who withdraws from employment and no longer works as a paralegal or legal assistant, may submit a request to the Paralegal Association of Florida, Inc. that he/she be placed into an Emeritus status;

- Any Active Member who becomes permanently disabled and stops working as a paralegal or legal assistant may submit medical proof of disability and, upon approval of the Paralegal Association of Florida, Inc., be granted Emeritus status;

Any Active Member who returns to employment as a paralegal or legal assistant will no longer retain Emeritus status and will be required to meet the same requirements as all other Active Members by satisfying the requirements and completing and submitting the current Active membership application. Should the Active Member have any units of education accrued to his/her benefit when Emeritus status is granted, they may be carried over, provided, the Active Member has not been on Emeritus status for more than two and one-half years.

VOTING INSTRUCTIONS FOR PROPOSED MOTION #1:

- Yes for the above Motion #1.
- No for the above Motion #1.
- Vote at your discretion, OR:
- Vote as instructed above.

MOTION #2:

RESOLVED, that FCP Renewal Fee Charge will be added to the Paralegal Association of Florida, Inc. Standing Rules as it reads: Annual Renewal Fee: The initial term of this FCP (Florida Certified Paralegal) shall be “*Annually*” (the “*Initial Term*”) commencing on the date that paralegal has passed the University of Central Florida’s FCP Exam for one year. On the renewal date (annual date of passing the exam will be the first day of the annual designated month) the FCP will automatically renew for successive one (1) year periods upon payment of a renewal fee of \$25 for members and \$45 for non-members. The Renewal Fee is due within two weeks of the first day of the renewal month.

VOTING INSTRUCTIONS FOR PROPOSED MOTION #2:

- Yes for the above Motion #2.
- No for the above Motion #2.
- Vote at your discretion, OR:
- Vote as instructed above.

**PLEASE MAKE SURE THAT YOUR PROXY HOLDER AND ALTERNATE PROXY HOLDER HAVE YOUR VOTING INSTRUCTIONS. THEY CANNOT VOTE FOR YOU IF THEY DO NOT HAVE YOUR INSTRUCTIONS.**

**YOUR ORIGINAL DESIGNATION OF PROXY MUST BE RECEIVED BY THE SECRETARY BY THE DEADLINE STATED ABOVE.**

**PROXY-HOLDERS WILL NOT BE ALLOWED TO VOTE IF THE SECRETARY DID NOT RECEIVE THE DESIGNATION OF PROXY BY THE DEADLINE!!**