



# PARALEGAL ASSOCIATION OF FLORIDA, INC.

Inspiring professional growth...one paralegal at a time®

P.O. Box 11081, Tallahassee, FL 32302 | 727-245-0072 | [www.pafinc.org](http://www.pafinc.org)

## ACTIVE MEMBER BIG BEND CHAPTER MEMBERSHIP DRIVE 3/23/2024 - 4/23/2024

### APPLICATION FOR NEW MEMBERSHIP DO NOT USE THIS APPLICATION TO RENEW YOUR EXISTING ACTIVE MEMBERSHIP

#### GENERAL INFORMATION

Name: \_\_\_\_\_

Preferred Email Address: \_\_\_\_\_

Alternate Email Address: \_\_\_\_\_

Preferred Mailing Address: \_\_\_\_\_ County: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Employer: \_\_\_\_\_ Practice Area: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

NALA Member? Designations:  CP  ACP  FCP  FRP Other: \_\_\_\_\_

Total Years Working as a Paralegal: \_\_\_\_\_ 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 whose civil rights have not been restored are not eligible for membership.

#### CHAPTER AFFILIATION

Visit the PAF website at [www.pafinc.org](http://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):

- |                                   |  |   |
|-----------------------------------|--|---|
| <input type="checkbox"/> BIG BEND | <input type="checkbox"/> FIRST COAST       | <input type="checkbox"/> SOUTHWEST      |
| <input type="checkbox"/> BREVARD  | <input type="checkbox"/> PALM BEACH COUNTY | <input type="checkbox"/> TREASURE COAST |
| <input type="checkbox"/> BROWARD  | <input type="checkbox"/> PINELLAS          | <input type="checkbox"/> AT LARGE       |

If Applicable, indicate ADDITIONAL Chapter(s) (See membership fees section below regarding additional fee): \_\_\_\_\_

#### **STATE MEMBERSHIP FEE (INCLUDES MEMBERSHIP IN ONE PAF CHAPTER): ~~\$105.00~~ **\$90.00 (Application Fee Waived)****

Membership year: July 1 – June 30. ~~This fee includes a nonrefundable application fee of \$15.00.~~ 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 active member.

INDICATE MEMBERSHIP FEES ENCLOSED AND METHOD OF PAYMENT:

Total Fee enclosed or paid by credit card<sup>1</sup> \$ \_\_\_\_\_

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

Paralegals are a distinguishable group of persons who assist attorneys in the delivery of legal services.

“A paralegal is a person, qualified by education, training, or work experience who is employed or retained by a lawyer, law office, corporation, governmental agency or other entity and who performs specifically substantive legal work for which a lawyer is responsible.” **American Bar Association 2020**

“A paralegal is a person with education, training or work experience, who works under the direction and supervision of the Florida Bar and who performs specifically delegated substantive legal work for which a member of the Florida Bar is responsible,” **Florida Bar, Rule 20.**

<sup>1</sup> The person signing this form, agrees to remit payment in full for the options selected above. PAF will charge the correct amount to the credit card listed above without further notice to the member.

**QUALIFICATION FOR ACTIVE 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](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 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 Sections 3.8 or 3.9 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.**

**WHILE WE APPRECIATE YOUR EFFORTS IN OBTAINING THE FRP CERTIFICATE, IT'S IMPORTANT TO NOTE THAT OUR ORGANIZATION HAS SPECIFIC QUALIFICATION CRITERIA THAT EXTEND BEYOND THE CERTIFICATION ALONE.**

**CHECK ONLY ONE OF THE FOLLOWING STATEMENTS THAT INDICATES HOW YOU QUALIFY FOR MEMBERSHIP AND PROVIDE THE DOCUMENTS REQUESTED IN BOLD/UNDERLINE:**

- (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 current CP/CLA certificate.**
- (B)  Graduation from a currently approved American Bar Association ("ABA") program of study for paralegals. **Provide copy of degree or certificate of completion.** See ABA website at <http://apps.americanbar.org/legalservices/paralegals/directory/>.
- (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.**
- (H)  Two (2) years of in-house training by a governmental agency or corporation as a paralegal. **A copy of your paralegal training coursework, college degree, or governmental job certificate AND a letter from your employer describing your paralegal related duties.**

*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: \_\_\_\_\_

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

I HEREBY ATTEST, pursuant to sec. 57.104, Florida Statutes, and Sections D, E, F or G requirements for active membership as referenced in this membership application that \_\_\_\_\_ is (or was) employed by me and is recognized as a paralegal, and that s/he meets the criteria of the definition of a paralegal set forth by sec. 57.104, Florida Statutes, *to wit*: "Paralegal" 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 (or was) 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.

Attorney Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Print Attorneys' Name: \_\_\_\_\_ Firm Name: \_\_\_\_\_  
Firm Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Attorney Florida Bar Number: \_\_\_\_\_