



CENTRAL FLORIDA PARALEGAL ASSOCIATION

P.O. Box 1107 • Orlando, FL 32802

(407) 672-6372 • www.cfpainc.org

NEW MEMBERSHIP APPLICATION

To be completed and returned by all applicants. Data entries into **Section I** for Active, Sustaining, Associate and Student Membership, **Section II** for Active, Sustaining, Associate Membership, **Section III** for Student Membership only. Only **Section IV** to be completed for Patron Membership. **All** applicants sign on page 3. Dues are not prorated. Applicants in the last 60 days of the calendar year will be carried thru the next annual renewal. The amount set forth below includes a one-time \$10.00 initiation fee.

Membership Category Active (\$60.00) Student (\$30.00) Patron (\$85.00)
(?? see membership) Sustaining (\$60.00) Associate (\$50.00)
(information, pp. 1, 2)

Section I: Active/ Sustaining/ Associate/ Student Membership

Name:		
Home Address:		
City:	State:	Zip+4:
Home Phone:		Home Email:
Employer:		
Work Address:		
City:	State:	Zip+4:
Work Phone:		Work Email:
Preferred Mailing Address: <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> School		
Preferred E-Mail Address: <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> School		

Continue to **Section II** for Active/ Sustaining/ Associate Membership, or **Section III** for Student Membership

Section II: Active/ Sustaining/ Associate Membership

Employer Name:			Area(s) of Specialty:		
Number of Attorneys:	Number of Paralegals:	Years as Paralegal:	Work Fax:		
Certification: <input type="checkbox"/> CLA/CP <input type="checkbox"/> ACP <input type="checkbox"/> FCP <input type="checkbox"/> FRP <input type="checkbox"/> NFPA-RP <input type="checkbox"/> CBA <input type="checkbox"/> Other:					
University / College Attended				Major:	
Degree:				Date Graduated:	
Other formal or special training or education or credentials:					

Please check the active/sustaining membership qualification number (Membership Info. p.2) under which you are applying **and** include documentation (i.e., diploma, CLA Certificate, and/or employer attestation.)

1 2 3 4 5 6 7 8 9

Attorney/Employer Attestation for Active Member

I hereby attest that _____ is and has been employed by me as a paralegal/legal assistant since _____. I further attest that said applicant is aware of all governing bar and paralegal ethical rules, is of professional and honest character, and acts prudently in performing his/her duties.

Signature:

Date: _____

Name of Attorney/Employer (please print)

Section III: Student Membership Only

School Attending:		
Program/Major:		Expected Date of Graduation:
School Address:		
City:	State:	Zip:
School Phone:	School E-Mail:	
School Activities / Clubs:		

School Attestation

I hereby attest that _____ is currently enrolled in the legal assistant/paralegal program listed above. I further attest that said applicant is of professional and honest character.

Signature:

Date: _____

Name of Program Director or Instructor (please print)

Section IV: Patron Membership

Name of Firm/Business:			
Contact Person:			# of Paralegals on staff, if any:
Type of Business/Firm:			
Address:			
City:		State:	Zip+4:
Phone:	Fax:	E-Mail:	

Opportunities for Involvement

I would like more information on: Meetings Committees Seminars Other:

Other: _____

Signature

I attest the information provided herein is correct and accurate.

Signed:

Date:

Referred By:

PayPal is available at <<http://cfpainc.org/membership/applyformembership.html>>
Return this New Member Application Form with your check or PayPal receipt to:

Central Florida Paralegal Association
 Post Office Box 1107
 Orlando, Florida 32802

[Do Not Write in this Section / For Use by Board of Directors Only]

Date Received:	Check or PayPal #	Date Approved:	WelcomePacket mailed:
Board Comments and Action:			