



Under what category of Membership do *you* fall?

Types of membership available:

Active Member
Student Member

Sustaining Member
Associate Member

Patron Member

ARTICLE IV - Membership

4.1 Classification of Membership. There shall be various classes of membership in CFPA as follows:

- A. **Active Member** - The following shall qualify for Active membership: an individual who has:
- (1) Successfully completed the Certified Legal Assistant (CLA) / Certified Paralegal (CP) examination of NALA, or the Paralegal Advanced Competency Exam (PACE) examination of the National Federation of Paralegal Associations (NFPA); or
 - (2) Registered with the Florida Bar as a Florida Registered Paralegal (FRP); or
 - (3) Graduated from an American Bar Association (ABA) approved program of study for paralegals; or
 - (4) Graduated from a course of study for paralegals which is institutionally accredited but not ABA approved, and which requires not less than the equivalent of 60 semester hours of classroom study; or
 - (5) Graduated from a course of study for paralegals other than those set forth in subsections (2) and (3) above, plus not less than six months of in-house training as a paralegal, whose attorney attests that such person is qualified as a paralegal; or
 - (6) Received a baccalaureate degree in any field, plus not less than six months in-house training as a paralegal, whose attorney attests that such person is qualified as a paralegal; or

(7) A minimum of three years of law-related experience under the supervision of an attorney, including at least six months of in-house training as a paralegal, whose attorney attests that such person is qualified as a paralegal; or

(8) A minimum of two years of in-house training as a paralegal, whose attorney attests that such person is qualified as a paralegal, or

(9) Is an independent paralegal contractor who meets any one of the qualifications as set forth in (1) through (8) above; and who can be endorsed by a current practicing Florida attorney that such person is qualified as a paralegal.

(10) The Board of Directors of CFPA may at any time or from time to time prescribe further rules and regulations defining and governing the admission of individuals to membership in CFPA, which said rules and regulations may be set forth in Standing Rules.

- B. **Sustaining Member** – Those persons who previously were Active Members but have now retired or have taken an extended leave from full-time employment, persons meeting the requirements of an Active Member but not currently employed as a paralegal, persons directly supervising paralegals but not themselves performing paralegal duties, or persons who have moved out of the area but wish to maintain membership in CFPA. Sustaining Members may serve on and chair any committee, may serve on the Board of Directors, but not as its Chair, and/or may take the Officer positions of Parliamentarian, Treasurer or Secretary.
- C. **Student Member** - An individual who is a full- or part-time student in good standing in a course of law-related study, provided that individual is not employed as a paralegal. Upon successful completion of the course of study, that individual will qualify to apply for Active membership. Student Members shall not serve as an officer on the Executive Committee or on the Board of Directors of CFPA, but may participate on any committee, sub-committee or in other unofficial capacity of CFPA.
- D. **Associate Member** – An individual with current law-related experience, such as legal secretaries, attorneys, or educators possessing a juris doctorate degree and actively teaching law-related classes in a college or technical school. Associate Members shall not serve as an officer on the Executive Committee or on the Board of Directors of CFPA, but may participate on any committee, sub-committee or in other unofficial capacity of CFPA.
- E. **Patron Member** - Those members of bar associations and the educational field endorsing the paralegal concept or involved in the promotion of the paralegal profession, and those persons, firms, or institutions interested in supporting the organization, may become Patron Members upon payment of the annual dues prescribed therefore. Patron Member does not include any individual who would otherwise be qualified as an Active, Student, Sustaining, or Associate Member.



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 pro-rated. Applications postmarked January 1 through June 30 will be considered full year memberships. Applications postmarked July 1 through December 31 will be considered half year memberships for the current calendar year. The amount set forth below includes a one-time \$10.00 initiation fee.

Membership Category: Active • (\$60.00/\$30.00) Student • (\$30.00/\$15.00) Patron • (\$85.00/\$42.50)
(full year fee/half year fee) Sustaining • (\$60.00/\$30.00) Associate • (\$50.00/\$25.00)

Section I: Active/ Sustaining/ Associate/ Student Membership

| | | |
|----------------------------|---|------|
| Name: | | |
| Home Address: | | |
| City: | State: | Zip: |
| Home Phone: | Home Email: | |
| Employer: | | |
| Work Address: | | |
| City: | State: | Zip: |
| Work Phone: | Work Email: | |
| Preferred Mailing Address: | <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> School | |
| Preferred Email 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: | £ CLA/CP | £ ACP | £ FCP |
| Member # | £ FRP | £ NFPA-RP | £ CBA |
| # _____ | # _____ | # _____ | # _____ |
| University / College Attended: | | Major: | |
| Degree: | | Date Graduated: | |
| Other formal or special training or education or credentials: | | | |

Please check the active/sustaining membership qualification number www.cfpainc.org 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 act 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: |
| Work Phone: | Work Email: | |
| 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: |
| Phone: | Fax: | Email: | |

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: | Welcome Packet mailed: |
| Board Comments and Action: | | | |