

CENTRAL FLORIDA PARALEGAL ASSOCIATION, INC.
Post Office Box 1107, Orlando, FL 32802
(407) 672-6372

MEMBERSHIP RENEWAL FORM – 2021

Active Dues \$25.00 Patron Dues \$45.00
Associate Dues \$20.00 Student Dues \$10.00

Amount Enclosed: \$ _____ . Plus
\$10.00 Late Fee if mailed after December 31, 2020.

Membership renewal dues are payable by December 31, 2020. A \$10.00 reinstatement fee must accompany payments postmarked after December 31, 2020. PayPal posted after December 31, 2020 also must reflect the late fee.

DUE TO COVID 19 we are requiring that all renewal payments be made online via the CFPA website: www.cfpainc.org under the Membership tab. IF YOUR FIRM is paying for multiple member renewals and requires payment by check please email Membership@cfpainc.org.

Please complete the attached renewal form and **e-mail** it with your PayPal payment confirmation to Membership@cfpainc.org.

Non-Members: This is not a new member application. If you would like to receive a new member application, please email Membership@cfapinc.org or visit our website at www.cfpainc.org to download a copy.

Active and Associate Members: Please complete Section II and **Active Members, who are NOT a CP and/or FRP and fall under the categories on page 3 below ARE required to provide an attorney attestation.**

Patron Members: Please complete Section III.

Students: If this is a student renewal, please complete Section I and have your Program Director or Instructor execute the attestation. If you are eligible to change your membership status from **student** to **active**, please complete a that section on the form.

We welcome all members' comments and suggestions on how we can make CFPA, Inc. a better professional organization for you and volunteers are always needed to serve on one of our committees.

RENEWAL INFORMATION UPDATE

Membership Category: (Check Appropriate Box)	Active	Associate	Student	Patron
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Section I: Student Member					
please print or type					
Full Name				Date:	
Mailing Address:					
City:		State:		Zip:	
Contact Phone:			E-Mail Address:		

School Attestation

_____ (student name) is currently enrolled in the legal assistant/paralegal program with _____ name of institution). I further attest that said applicant is of professional and honest character.

Date: _____

Signature: _____

Printed Name of Program Director or Instructor

Section II: Active and Associate Members						
please print or type						
Full Name:					Date:	
Employer Name:						
Office Address:						
City:		State:		Zip:		
Office Phone:			Office E-Mail:			
Firm Size:	Number of Attorneys:		Number of Paralegals:			
Home Address:						
City		State:		ZIP:		
Contact Phone:			Home/Other E-Mail:			
Preferred Postal Mail Address - Please circle one or provide new info.				Home/Other	Office	
Preferred E-Mailing Address - Please circle one or provide new info.				Home/Other	Office	
Year started as a paralegal:		Specialty:				
Credential:	CP/CLA	CFLA/FCP	ACP	FRP	CBA	Other
University/College Attended:			Degree:			
Major:			Date Graduated:			
Other formal or special education/training/credential:						
CFPA Member Since:						

*******Paralegals with CP or FRP Designations
or who meet 4.1.A.1.a.-d. or 4.1.A.2.a.-b. of the CFPA Bylaws are NOT required to
complete Attestation*******

**Attorney/Employer Attestation for Active Member
Education Category 4.1.A.2.(c) or (d) (CFPA Bylaws)**

c. Graduated from a legal studies program which required less than 60 semester hours PLUS at least six (6) months of in-house training as a paralegal.

d. Has a B.A. or B.S. in any field of study PLUS at least six (6) months of in-house training as a paralegal PLUS attestation from attorney/supervisor that the individual is qualified as a paralegal.

I hereby attest that _____ is and has been employed by _____ (Firm/Company Name) as a paralegal or in another capacity performing substantive legal work for at least six (6) months and is qualified as a paralegal.

Signature:

Date: _____

Name of Attorney/Employer (please print)

**Attorney/Employer Attestation for Active Member
Experience Category 4.1.A.3.(a) or (b) (CFPA Bylaws)**

a. Has a minimum of three (3) years of law-related experience under the supervision of an attorney INCLUDING at least six (6) months of in-house training as a paralegal. PLUS attestation from attorney/supervisor that the individual is qualified as a paralegal.

b. Has a minimum of two (2) years of in-house training as a paralegal PLUS attestation from attorney/supervisor that the individual is qualified as a paralegal

I hereby attest that _____ is and has been employed by _____ (Firm/Company Name) as a paralegal or in another capacity performing substantive legal work for at least two (2) years and is qualified as a paralegal.

Signature:

Date: _____

Name of Attorney/Employer (please print)

Section III: PATRON MEMBERS

Please print or type

FOR PATRONS: Although CFPA does not share its Membership Directory with its Patrons, all of your contact information, your logo, and your URL is presented on CFPA's website. Please send any updated logo image you wish for CFPA to use on the website to the CFPA Webmaster at webmaster@cfpainc.org by December 31, 2020.

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