

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

MEMBERSHIP APPLICATION FORM – 2024

Active Dues \$85.00	Patron Dues \$125.00
Associate Dues \$60.00	Student Dues \$40.00

Amount Enclosed: \$ _____ .

Please complete the attached application form and email it to Membership@cfpainc.org. **Online payment is preferred.** If your firm is paying for your membership and needs to write a check they can make it payable to CFPA and mail the check to: **CFPA, Inc., P. O. Box 1107, Orlando, FL 32802. Please make sure the names of the members are on the memo line.**

Active and Associate Members: Please complete Section II and **Active Members, Certification or Education requirements below are required to provide attorney attestation.**

Patron Members: Please complete Section III.

Students: If this is a student, please complete Section I and have your Program Director or Instructor execute the attestation.

Active Members:

- A. Active Member:** Only Active Members shall be entitled to vote, hold office, or serve on the Board of Directors. A person may qualify for Active Membership by meeting one or more of the following:

Certification

Has been awarded a CLA/CP/ACP by NALA.

Has been awarded a RP by NFPA.

Has been awarded a PP by NALS.

Is currently registered with the Florida Bar as a Florida Registered Paralegal (FRP)

Education

Graduated from an ABA-approved paralegal program.

Graduated from a legal studies program from an accredited school which required at least 60 semester hours of classroom study.

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.

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.

Experience

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.

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.

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:			

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*******Paralegals with CP or FRP Designations
are NOT required to complete Attestation*******

**Attorney/Employer Attestation for Active Member (Currently Employed)
In accordance with Section 4.1.A.(3)-(8) of the Bylaws**

I hereby attest that _____ is and has been employed by
_____ (Firm/Company Name) as a paralegal or in another
capacity performing substantive legal work since _____ and that he/she has worked as a
paralegal for at least 960 hours (approximately 6 months) during the two years prior to this renewal application.

Signature:

Date: _____

Name of Attorney/Employer (please print)

**Attorney/Employer Attestation for Active Member (Currently Unemployed/Laid-Off)
In accordance with Section 4.1.A.(3)-(8) of the Bylaws**

I hereby attest that _____ was employed by
_____ (Firm/Company Name) as a paralegal or in another
capacity performing substantive legal work from _____ to _____ and that
he/she has worked as a paralegal for at least 960 hours (approximately 6 months) during the two years prior to
this renewal application.

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 the logo image you wish for CFPA to use on the website to the CFPA Webmaster at webmaster@cfpainc.org by December 31, 2016.

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:	