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

**MEMBERSHIP RENEWAL FORM – 2024**

 **Active Dues $75.00 Patron Dues $125.00**

**Associate Dues $50.00 Student Dues $30.00**

**Amount Enclosed: $ . Plus**

**$10.00 Late Fee if mailed after December 31, 2023.**

Membership renewal dues are payable by January 1, 2024. A $10.00 reinstatement fee must accompany payments postmarked after December 31, 2023.

Please complete the attached renewal form and email it to Membership@cfpainc.org. **Online payment is preferred**. If your firm is paying for your renewal 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 renewing members are on the memo line and renewal form included.**

**Non-Members: This is not a new member application.** If you would like to receive a new member application, please email Membership@cfpainc.org or visit our website at [www.cfpainc.org](http://www.cfpainc.org)/apply-or-renew-membership to download a copy.

**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 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 new application 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.

**Active Members:**

1. **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.

**RENEWAL INFORMATION UPDATE**

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| --- | --- | --- | --- | --- |
| MembershipCategory: (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

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| --- |
| **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/OtherE-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/CollegeAttended: |   | Degree: |   |
| Major: |   | Date Graduated: |   |
| Other formal or specialeducation/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.

 Date:

Signature:

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.

 Date:

Signature:

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.

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| --- | --- | --- | --- |
| 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: |  |