Central Florida Paralegal Association, Inc.

P.O. Box 1107, Orlando, FL 32802 | (407) 672-6372
Membership Email: Membership@cfpainc.org
Website: www.cfpainc.org

APPLICATION FOR NEW MEMBERSHIP

I am applying for:	☐ Active Membership	Annual Dues: $ 85.00
	☐ Associate Membership	Annual Dues: $ 60.00
	☐ Student Membership	Annual Dues: $ 40.00
	☐ Patron Membership	Annual Dues: $135.00

All Annual Dues are based on a Calendar Year (Jan. 1 to Dec. 31.)

THERE IS A ONE-TIME ADMINISTRATIVE FEE OF $10.00 APPLIED TO ALL NEW MEMBER APPLICATIONS

PLEASE TYPE OR PRINT ALL INFORMATION FOR OUR MEMBERSHIP FILES AND DIRECTORY DATABASE, WHICH ARE KEPT IN A CONFIDENTIAL MANNER. All CFPA Correspondence will be sent to the indicated email address.

Please indicate preferred email address to use for sending email correspondence: ☐ Personal email ☐ Work email

GENERAL INFORMATION

Name: _____Email Address: _____
Mailing Address: _____County: _____
City: _____ State: _____Zip: _____Phone: _____
Firm/Business/School Name: _____
Work Email Address: _____
Mailing Address: _____
City: _____State: _____Zip: _____Phone: _____
NALA Member? Designations: ☐ CP ☐ ACP ☐ FCP ☐ FRP ☐ Other: _____
Practice Area: _____Paralegal Since(Year): _____

Method of Payment: ☐ Check / Money Order payable to: *Central Florida Paralegal Association, Inc.* ***Please make sure the name of the member is on the memo line.*** ☐ Visa ☐ MasterCard *(There is a $2.00 convenience fee for all credit card payments)*

FAILURE TO PROVIDE PAYMENT AND COMPLETED ATTESTATION WILL DELAY APPROVAL OF YOUR APPLICATION.

DEFINITIONS AND QUALIFICATIONS OF PARALEGAL

A paralegal is a person with education, training, or work experience, who works under the direction and supervision of an employing or supervising lawyer and who performs specifically delegated substantive legal work for which an employing or supervising lawyer is responsible. ***Florida Bar, Rule 20-2.***

Qualifications for Active Membership:

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:

A. 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)

B. 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.

C. 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.

Applicant Signature: _____**Date:** _____

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

I hereby attest that _____is/was 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.

Attorney Signature: _____**Date:** _____
Print Attorney's Name: _____**Firm Name:**_____

Student Membership
If this is a student, please have your Program Director or Instructor execute the attestation.

School Attestation

I hereby attest that _____(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.

Program Director/Instructor Signature: _____**Date:** _____
Printed Name of Program Director/Instructor: _____