Central Florida Paralegal Association, Inc.

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

MEMBERSHIP RENEWAL APPLICATION

I am applying for:

☐	Active Membership	Annual Dues: $ 75.00
☐	Associate Membership	Annual Dues: $ 50.00
☐	Student Membership	Annual Dues: $ 30.00
☐	Patron Membership	Annual Dues: $125.00

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

A $10.00 LATE FEE WILL BE ASSESSED TO APPLICATIONS RECEIVED AFTER DEC 31ST

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: ☐ Home email ☐ Business 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? Yes ☐ No ☐ Designations: ☐ CP ☐ ACP ☐ FCP ☐ FRP ☐ Other: _____
Practice Area: _____ Paralegal Since(Year): _____
Birthday Month: _____ Consent to add your birthday to newsletter Yes ☐ No ☐

Patron Members only – Services Offered: _____

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 ☐ Google Pay/Apple Pay (processed by Zeffy)

Payment link will be sent once completed application is received.

FAILURE TO PROVIDE PAYMENT WILL DELAY APPROVAL OF YOUR APPLICATION.

Reaffirmation: I reaffirm that I continue to meet the requirements of the CFPA membership category for which I am renewing.

Applicant Signature: _____ **Date:** _____