



FLORIDA ALLIANCE OF PARALEGAL ASSOCIATIONS, INC.
Post Office Box 31-0745, Miami, Florida 33231-0745
www.fapainc.org

APPLICATION FOR PATRON MEMBERSHIP

The Florida Alliance of Paralegal Associations ("FAPA") was initially organized in 1996 and formally incorporated in 2004. Its purpose is to establish a forum in which all paralegal associations within the state of Florida can meet to address common issues affecting the paralegal profession.

FAPA GOALS and OBJECTIVES:

- Orchestrate and maintain a statewide communications network among paralegal associations and other members of the legal community
- Promote and foster the paralegal profession
- Monitor developments in the legal field which impact the paralegal profession
- Provide a unified voice for the paralegal profession and its members associations
- Ensure that generally accepted educational standards and ethical guidelines are uniform in the state of Florida
- Ensure that an independent and fair system exists for entry into the profession
- Protect the public from unqualified persons who often perform services for the public that exceed current statutory or court-approved guidelines
- Require continuing education to maintain specific levels of ethics and competency
- Prohibit entry into the profession by unqualified individuals who use the title "paralegal" to deceive the public about their qualifications

QUALIFICATIONS FOR PATRON MEMBERSHIP

Pursuant to Section 6, Article V of FAPA's Bylaws, Patron membership shall be open to those individuals, law firms, corporations, and legal assistant program representatives who endorse the paralegal concept or are actively involved in the promotion of the paralegal profession.

Patron members are non-voting members of FAPA.

DUES FOR PATRON MEMBERSHIP: **\$150.00**

Please make your check payable to: FLORIDA ALLIANCE OF PARALEGAL ASSOCIATIONS, INC.

Mail Dues and Application to: Florida Alliance of Paralegal Associations, Inc.
Post Office Box 31-0745
Miami, Florida 33231-0745



APPLICATION FOR FAPA PATRON MEMBERSHIP

Categories (Please check all that apply)

- Individual
 Law Firm
 Corporation
 Program Representative
-

MEMBERSHIP INFORMATION [Please Type or Print]

Name: Please complete the information below as you wish it to be published on the FAPA membership list.

- Mr.**
 Ms. _____
Last Name First Name MI

and/or

Name of Law Firm, Corporation, or Program

Mailing Address: A physical mailing address and a working email address are required for FAPA membership. All official FAPA communications will be via electronic mail to the email address provided below:

Street Address

City State Zip Code

E-mail Address (required): _____

Telephone: _____ Fax: _____

I hereby apply for Patron Membership in Florida Alliance of Paralegal Associations, Inc., ("FAPA") and I agree to be bound by the Bylaws as adopted by FAPA. Enclosed is the first year's dues payment of \$150.00. I understand that this application is subject to final approval by FAPA.

Date: _____

Signature: _____

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