



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

APPLICATION FOR SUSTAINING 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 SUSTAINING MEMBERSHIP (Individual Paralegals)

Pursuant to Section 5, Article V of FAPA's Bylaws, Sustaining membership shall be open to any paralegal located in the state of Florida whose qualification is evidenced by confirmation of one of the following:

- (1) Any individual who has earned and maintained the Certified Paralegal / Certified Legal Assistant (CP / CLA) designation as conferred by NALA;
- (2) Any individual who has earned and maintained the Registered Paralegal (RP) designation as conferred by NFPA;
- (3) Any individual who is a Florida Registered Paralegal (FRP) in good standing.

Sustaining members are non-voting members of FAPA.

ANNUAL DUES FOR SUSTAINING MEMBERSHIP: **\$30.00**

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

Mail Dues, Supporting Documentation and Application to: Florida Alliance of Paralegal Associations, Inc.

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Miami, Florida 33231-0745



APPLICATION FOR FAPA SUSTAINING MEMBERSHIP

PERSONAL 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

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: _____

Qualifications (Please check all that apply):

Certified Legal Assistant (CLA), Certified Paralegal (CP), or Advanced Certified Paralegal (ACP) in good standing as conferred by the National Association of Legal Assistants. Please enclose a copy of your certificate.

Date Conferred Certification Number Expiration Date

Registered Paralegal (RP) in good standing as conferred by the National Federation of Paralegal Associations (upon passing the Paralegal Advanced Competency Exam (PACE). Please enclose a copy of your certificate.

Date Conferred Certification Number Expiration Date

Florida Registered Paralegal (FRP) in good standing as conferred by The Florida Bar. Please enclose a copy of your registration certificate.

Date Conferred Registration Number Expiration Date

I hereby apply for Sustaining 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 \$30.00 and my supporting documentation to qualify as a Sustaining member. I understand that this application is subject to approval by FAPA.

Date: _____ Signature: _____

Mail Dues, Supporting Documentation and Application to:

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