



# SOUTHWEST FLORIDA PARALEGAL ASSOCIATION, INC.

Post Office Box 2094, Sarasota, Florida 34230-2094  
[swfloridaparalegals.com](http://swfloridaparalegals.com)

An Affiliate of the National Association of Legal Assistants, Inc.

## MEMBERSHIP RENEWAL FORM – 2012 (Past-Due after March 1)\*

I hereby apply for renewal of the following membership in Southwest Florida Paralegal Association, Inc.

Active \$45.00     Associate \$60.00     Student \$15.00     Sustaining \$60.00

AMOUNT ENCLOSED \$ \_\_\_\_\_ \*If mailed after March 1, please include \$10.00 late fee  
Please make your check payable to: SOUTHWEST FLORIDA PARALEGAL ASSOCIATION, INC.

Mail the check and application to: Southwest Florida Paralegal Association, Inc.  
Post Office Box 2094  
Sarasota, FL 34230-2094

I reaffirm and agree to be bound by the Code of Ethics and Professional Responsibility and the Bylaws as adopted by Southwest Florida Paralegal Association, Inc.; I also attest that I have not been convicted of a felony in the past 12 months (which would make me ineligible for membership in Southwest Florida Paralegal Association, Inc.).

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Fax Number: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Fax Number: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Area(s) of Law: \_\_\_\_\_ CP \_\_\_\_\_ FRP \_\_\_\_\_ FCP \_\_\_\_\_

ACP/CLAS: \_\_\_\_\_ List area: \_\_\_\_\_ Birth Day: \_\_\_\_\_

Students: Please list name of school \_\_\_\_\_ and expected graduation date \_\_\_\_\_

NALA Member:     Yes     No

(Please indicate preferred **email** and mailing addresses with an asterisk [\*].) As a networking tool, your preferred mailing address, home and business telephone numbers, fax, e-mail, and areas of law will be published in the Association's online membership roster unless you indicate otherwise.  No, I do not wish to have this information published.

**Please indicate which committees/areas you are interested in serving; please check at least one:**

SWFPA Business:

- \_\_\_\_\_ Audit
- \_\_\_\_\_ Future Officer
- \_\_\_\_\_ Newsletter
- \_\_\_\_\_ Nominations/Elections

Education:

- \_\_\_\_\_ CP Review Course
- \_\_\_\_\_ Dinner Meetings
- \_\_\_\_\_ Seminar
- \_\_\_\_\_ Scholarship

Public Relations:

- \_\_\_\_\_ Bar Liaison/Activities
- \_\_\_\_\_ Job Bank/Website
- \_\_\_\_\_ FAPA Delegate
- \_\_\_\_\_ Publicity