

CENTRAL FLORIDA PARALEGAL ASSOCIATION, INC.
Post Office Box 1107, Orlando, FL 32802
(407) 672-6372

MEMBERSHIP RENEWAL FORM – 2012

Active Dues \$50.00 Sustaining Dues \$50.00
Associate Dues \$40.00 Student Dues \$20.00
Patron Dues \$75.00

**Amount Enclosed: \$ _____ . Plus
\$10.00 Late Fee if Mailed after December 31, 2011.**

Membership renewal dues are payable by January 1, 2012. A \$10.00 reinstatement fee must accompany payments postmarked after December 31, 2011. PayPal posted after December 31, 2011 also must reflect the late fee.

Please complete the attached renewal form and mail it with your check payable to CFPA to:
CFPA, Inc., P. O. Box 1107, Orlando, FL 32802

Non-Members: This is not a new member application. If you would like to receive a new member application, please leave a message on CFPA's voice mail at 407-672-6372 and one will be sent to you promptly or visit our website at www.cfpainc.org to download a copy.

Active, Sustaining, Associate and Patron Members: Please complete Section II or Section III.

Students: If this is a student renewal, please complete Section I and have your Program Director or Instructor execute the attestation. If you are eligible to change your membership status from **student** to **active**, please complete a new application form. Please call 407-672-6372 to request a new member application or visit www.cfpainc.org to download a copy.

We welcome all members' comments and suggestions on how we can make CFPA, Inc. a better professional organization for you and volunteers are always needed to serve on one of our committees.

RENEWAL INFORMATION UPDATE

Membership Category	Active	Sustaining	Associate	Student	Patron
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Section I: Student Member

please print or type

Full Name				Date:	
Mailing Address:					
City:		State:		Zip:	
Contact Phone:		E-Mail Address:			

School Attestation

_____ (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.

Date: _____

Signature: _____

Printed Name of Program Director or Instructor

Section II: Active, Sustaining, Associate Members

please print or type

Full Name:				Date:	
Employer Name:					
Office Address:					
City:		State:		Zip:	
Office Phone:		Office E-Mail:			
Firm Size:	Number of Attorneys:		Number of Paralegals		
Home Address:					
City:		State:		ZIP:	
Contact Phone:		Home/Other E-Mail:			
Preferred Postal Mail Address - Please circle one or provide new info.			Home/Other	Office	
Preferred E-Mailing Address - Please circle one or provide new info.			Home/Other	Office	
Year started as a paralegal:		Specialty:			
Credential:	CP/CLA	CFLA/FCP	ACP	FRP	CBA Other
University/College Attended:			Degree:		
Major:			Date Graduated:		
Other formal or special education/training/credential:					

Section III: PATRON MEMBERS

please print or type

Name of Firm/Business:		Date:	
Contact Person:		# of Paralegals on staff, if any:	
Type of Business/Firm:			
Postal Address:			
City:	State:	Zip:	
Web Address / URL:			
Phone:	Fax:	E-Mail:	

FOR PATRONS: Although CFPA does not share its Membership Directory with its Patrons, all of your contact information, your logo, and your URL is presented on CFPA's website. Please send the logo image you wish for CFPA to use on the website to the CFPA Webmaster at webmaster@cfpainc.org by December 31, 2011.