



# VOLUSIA COUNTY PARALEGAL ASSOCIATION

**Mailing Address: 125 N. Ridgewood Ave., Suite 100, Daytona Beach, FL 32114**

**Email: [volusiaparalegals@gmail.com](mailto:volusiaparalegals@gmail.com); - Website: [voluisacountyparalegal.com](http://voluisacountyparalegal.com)**

## MEMBERSHIP RENEWAL FORM

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Primary Street Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ County: \_\_\_\_\_

Practice Areas: \_\_\_\_\_

Employer Name: \_\_\_\_\_

Work Telephone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Primary Email: \_\_\_\_\_

Active: \$60     Associate: \$45     Patron: \$100     Student: \$20

Pursuant to the by-laws annual dues shall be payable to Volusia Paralegal Association, Inc. on or before January 1 of each year. A member will be removed from the roster if payment has not been made by March 1.

### CREDENTIALS

CP expires \_\_\_\_\_ ACP expires \_\_\_\_\_ FCP expires \_\_\_\_\_ FRP expires \_\_\_\_\_ NALA member:  Yes \_\_\_\_\_ No

**Reaffirmation:** In applying for renewal of membership in Paralegal Association of Florida, Inc., I reaffirm that I have read and agree to be bound by the Code of Ethics and Professional Responsibility adopted by the National Association of Legal Assistants, Inc. (NALA). I further certify that I continue to meet the requirements of the VCPA membership category for which I am renewing.

Signature (Required): \_\_\_\_\_ Date: \_\_\_\_\_

### PAYMENT

Total fee enclosed with check or payable by credit card \$ \_\_\_\_\_

**Method of Payment:** Check payable to *Volusia County Paralegal Association*.  Visa  MasterCard  American Express

Name on Card: \_\_\_\_\_

Card Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ Security Code: \_\_\_\_\_

Billing Address: \_\_\_\_\_

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

***Return completed application and payment to the address at the top of page.***