



# VOLUSIA COUNTY PARALEGAL ASSOCIATION

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

**Email: volusiaparalegals@gmail.com - Website: volusiacountyparalegal.com**

## STUDENT MEMBER APPLICATION FOR NEW MEMBERSHIP

### GENERAL INFORMATION ABOUT APPLICANT

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

Email Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ County: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

School Name: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Birth Month/Day: \_\_\_\_\_ / \_\_\_\_\_

In compliance with the Americans with Disabilities Act, do you have any special needs (check one)?  YES  NO

Have you ever been convicted of a felony (check one)?  YES\*  NO \*In accordance with Articles 3.7 of the NALA Bylaws and Rule 20-8.2(a) of the Florida Bar, Florida Registered Paralegal Program, by which VCPA is also governed, individuals who have been convicted of a felony are not eligible for membership.

\*Student Membership shall have all of the privileges and prerogatives of a Student member, except for voting privileges, holding office or serving as the chair on any committee.

### MEMBERSHIP FEE: 20.00

Membership year: January 1 – December 30. For any application received October 1 to December 30 the fee covers the current and upcoming fiscal membership year and will not be subject to renewal until December 30 of the following calendar year.

### *INDICATE MEMBERSHIP FEES ENCLOSED AND METHOD OF PAYMENT*

**Total Fee enclosed or paid by credit card \$** \_\_\_\_\_

**Method of Payment:**  Check / Money Order payable to Volusia County Paralegal Association, Inc.  Visa  MasterCard

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

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

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

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

**QUALIFICATION FOR STUDENT MEMBERSHIP**

**Student Members:** Student membership shall be open to any individual who is actively enrolled in, either full- or part-time, and in good standing with any university, college, junior college, or other educational program pursuing a course of studies as a paralegal or legal assistant, and which school or institution is either (a) ABA-approved or (b) institutionally accredited by one of the regional agencies approved by the U.S. Department of Education for accreditation of higher education institutions and requires not less than the equivalent of sixty (60) semester hours of classroom study. In order to apply for student membership, an applicant must have signed an attestation from a professor or administrator confirming enrollment. Upon successful completion of the course of study, a Student Member may then apply for either Active or Associate membership in this Division.

NOTE: CHANGE OF MEMBERSHIP STATUS - When the eligibility requirements for Active membership are met, a Student member may request a change of status from "Student" to "Active" Membership upon completion of an Application for New Membership, accompanied by supporting documentation, active member dues, and the applicable application fee.

**PLEASE INITIAL THE FOLLOWING STATEMENT AND PROVIDE THE REQUIRED DOCUMENTATION FOR STUDENT MEMBERSHIP BELOW**

I hereby apply for membership as a STUDENT MEMBER in the VOLUSIA COUNTY PARALEGAL ASSOCIATION (VCPA) and certify that the above information is true and correct and that I meet the requirements for Student Membership as set forth in the VCPA Bylaws. I affirm 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. and the VOLUSIA COUNTY PARALEGAL ASSOCIATION. If I am advised by VCPA that I have been found to be in violation of its Bylaws, I will, on my own initiative, resign my membership from PAF. I HEREBY GIVE CONSENT TO VCPA TO CONTACT MY EDUCATIONAL INSTITUTION FOR VERIFICATION OR CLARIFICATION OF MY QUALIFICATIONS FOR MEMBERSHIP.

**I am providing a completed *School Attestation* and transcript or term bill for law-related courses in compliance with qualifications above.**

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**SCHOOL ATTESTATION**  
**(Must Be Completed In Full)**

**I HEREBY ATTEST** that \_\_\_\_\_ is currently enrolled for \_\_\_\_\_ semester hours or the equivalent, in the Paralegal program at \_\_\_\_\_ located at \_\_\_\_\_ which program is fully accredited by \_\_\_\_\_.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

***FAILURE TO PROVIDE PAYMENT AND SUPPORTING DOCUMENTATION WILL DELAY APPROVAL OF YOUR APPLICATION.***  
***Return completed application, qualification documentation, and payment to the address at the top of page 1.***