# VOLUSIA COUNTY PARALEGAL ASSOCIATION

**Mailing Address: 125 Basin Street. Suite 206, Daytona Beach, FL 32114**

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## ACTIVE MEMBER

APPLICATION FOR NEW MEMBERSHIP

**DO NOT USE THIS APPLICATION TO RENEW YOUR EXISTING ACTIVE MEMBERSHIP**

**GENERAL INFORMATION**

Name: _____

Email Address: _____

Mailing Address: _____ County: _____

City: _____ State: _____ Zip: _____ Phone: _____

Employer: _____ Practice Area: _____

City: _____ State: _____ Zip: _____ Phone: _____

☐ NALA Member? Designations: CP ☐ ACP ☐ FCP ☐ FRP ☐ Other: _____

Area of Law and Total Years Working as a Paralegal: _____/_____ 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 Article 3.7 of the NALA Bylaws and Rule 20-8.2(a) of the Florida Bar by which VCPA is also governed, individuals who have been convicted of a felony are not eligible for membership.*

*By submitting this Application, I hereby grant to VCPA the right and permission to use any photographs it or its agent takes or has taken of me for promotional purposes and in any and all media now or in the future. I also grant to VCPA the right and permission to use my name and contact information for networking and other related purposes in its sole discretion. I hereby release and discharge VCPA from any and all claims and demands arising out of or in connection with the use of my photographs or contact information. This release shall be binding upon me and my heirs and legal representatives.*

**MEMBERSHIP FEE: $65.00**

*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 of via Zeffy link $**

**Method of Payment:** ☐ Check / Money Order payable to *Volusia Paralegal Association, Inc.* ☐ Credit Card ☐ Zeffy

Name on Card: _____ Card Number: _____ Exp. Date: _____ Security Code: _____

Billing Address: _____

Authorized Signature: _____ Date: _____

**DEFINITIONS AND QUALIFICATIONS OF PARALEGAL (ALSO KNOWN AS LEGAL ASSISTANT)**

Paralegals are a distinguishable group of people who assist attorneys in the delivery of legal services.

"A paralegal is a person, qualified by education, training, or work experience who is employed or retained by a lawyer, law office, corporation, governmental agency or other entity and who performs specifically substantive legal work for which a lawyer is responsible." ***American Bar Association 2020.*** "A paralegal is a person with education, training or work experience, who works under the direction and supervision of the Florida Bar and who performs specifically delegated substantive legal work for with a member of the Florida Bar is responsible," ***Florida Bar, Rule 20.***

"Legal Assistant" means a person, ***"who under the supervision and direction of a licensed attorney,*** engages in legal research and case development or planning in relation to modifications or initial proceedings, services, processes, or applications; or who prepares or interprets legal documents or selects, compiles, and uses technical information from references such as digests, encyclopedias or practice manuals and analyzes and follows procedural problems that involve independent decisions." (*Fla. Stat. ch. 57.104*) The terms "*Legal Assistant"* and "*Paralegal*" are utilized *interchangeably* and such professional positions are not intended to be misunderstood as two separate professions.

## QUALIFICATION FOR ACTIVE MEMBERSHIP

***PLEASE INITIAL THE FOLLOWING STATEMENT AND INDICATE QUALIFICATION FOR ACTIVE MEMBERSHIP BELOW:***

_____ I hereby apply for membership as an ACTIVE 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 Active Membership as set forth at 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 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 VCPA. I HEREBY GIVE CONSENT TO VCPA TO CONTACT MY PRESENT AND/OR FORMER SUPERVISING ATTORNEY(S) FOR VERIFICATION OR CLARIFICATION OF MY QUALIFICATIONS FOR MEMBERSHIP.

***FAILURE TO PROVIDE PAYMENT AND SUPPORTING DOCUMENTATION WILL DELAY APPROVAL OF YOUR APPLICATION.***

CHECK ONLY ONE OF THE FOLLOWING STATEMENTS THAT INDICATES HOW YOU QUALIFY FOR MEMBERSHIP AND PROVIDE THE DOCUMENTS REQUESTED IN BOLD/UNDERLINE:

(A) ☐Successful completion of the Certified Paralegal/Certified Legal Assistant (CP/CLA) examination administered by the National Association of Legal Assistants, Inc. ("NALA"). Provide copy of current CP/CLA certificate. Successful designation CRP™ RP® by the National Federation of Paralegal Association or a designation of PP by the National Association of Legal Support Professionals. Provide a copy of the current CRP™ RP® or PP certification.

(B) ☐ Florida Registered Paralegal. Copy of your current Florida Bar Certificate.

(C) ☐ Graduation from a currently approved American Bar Association ("ABA") program of study for paralegals. Provide a copy of your degree or certificate of completion. See ABA website at http://apps.americanbar.org/legalservices/paralegals/directory/.

(D) ☐ Graduation from a course of study for paralegals which is institutionally accredited, but not ABA-approved, and which requires not less than the equivalent of sixty (60) semester hours of classroom study. Attach a copy of the degree AND a transcript (unofficial is acceptable) showing total hours earned.

(E) ☐ Graduation from a course of study for paralegals other than those set forth above, plus not less than six (6) months of in-house training as a paralegal. A copy of graduation certificate AND completed Attorney/Employer Attestation (below) must be submitted with this application.

(F) ☐ A baccalaureate degree in any field, plus not less than six (6) months of in-house training as a paralegal. A copy of baccalaureate degree AND completed Attorney/Employer Attestation (below) must be submitted with this application.

(G) ☐ A minimum of five (5) years of law-related experience under the supervision of an attorney, including not less than six (6) months of in-house training as a paralegal. Completed Attorney/Employer Attestation (below) must be submitted with this application AND a separate letter from supervising attorney(s) as to three (3) years of law -related experience.

(H) ☐ Two (2) years of in-house training by a governmental agency or corporation as a paralegal. A copy of your paralegal training coursework, college degree, or governmental job certificate AND a letter from your employer describing your paralegal related duties.

**APPLICANT SIGNATURE:**_____ **DATE:** _____

## ATTORNEY/EMPLOYER ATTESTATION

**(As to six (6) months of in-house training as paralegal only)**

**I HEREBY ATTEST**, pursuant to Ch. 57.104, Florida Statutes, and Sections D, E, or F requirements for active membership as referenced in this membership application that_____is (or was) employed by me and is recognized as a paralegal, and that s/he meets the criteria of the definition of a paralegal/legal assistant set forth by Ch. 57.104, Florida Statutes, *to wit*: "Legal Assistant" means a person, ***"who under the supervision and direction of a licensed attorney,*** engages in legal research, and case development or planning in relation to modifications or initial proceedings, services, processes, or applications; or who prepares or interprets legal documents or selects, compiles, and uses technical information from references such as digests, encyclopedias, or practice manuals and analyzes and follows procedural problems that involve independent decisions." S/he is a person, qualified through education, training, and work experience, who is employed or retained by a lawyer, law office, governmental agency, or other entity in a capacity or function which involves the performance, under the ultimate direction and supervision of an attorney, of specifically-delegated substantive legal work, which work, for the most part, requires a sufficient knowledge of legal concepts that, absent such paralegal, the attorney would perform the task. **I FURTHER ATTEST that the applicant qualifies for Active Membership pursuant to the Section D, E, or F requirements for Active Membership as referenced in this application and has been (or was) employed by me as a paralegal, that the applicant's ethical and professional conduct are above reproach, and that the applicant is recommended by me for Active Membership in VOLUSIA COUNTY PARALEGAL ASSOCIATION.**

Attorney Signature:_____ Date: _____
Print Attorneys' Name:_____ Firm Name: _____
Firm Address: _____
City:_____ State:_____ Zip:_____ Attorney Florida Bar Number: _____