VOLUSIA COUNTY PARALEGAL ASSOCIATION

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

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

ASSOCIATE MEMBER

APPLICATION FOR NEW MEMBERSHIP

GENERAL INFORMATION

Name: _____

Email Address: _____

Email Address: _____

Mailing Address: _____ County: _____

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

Employer: _____

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

Birth Month/Day: _____/_____

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, Florida Registered Paralegal Program, 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.

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

MEMBERSHIP FEE: $50.00

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 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 persons who assist attorneys in the delivery of legal services. Through formal education, training, and experience, paralegals/legal assistants have knowledge and expertise regarding the legal system and substantive and procedural law, which qualify them to do work of a legal nature ***under the supervision of an attorney***. Paralegals may also work for government and corporate entities and perform substantive legal work for which a lawyer is ultimately responsible yet not work under the direct supervision of an attorney while preforming these duties.

"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 ASSOCIATE MEMBERSHIP

Associate Members: Associate membership shall be open to any individual who has current law-related experience, such as legal secretaries, judicial assistants, legal studies educators, or recent graduates of a law related program who does not qualify as an Active Member or Student Member.

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

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

_____ I hereby apply for membership as an ASSOCIATE 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 website (volusiacountyparalegal.com). 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. (See VCPA website: (volusiacountyparalegal.com). If I am advised by VCPA that I have been found to be in violation of Sections 3.8 and 5.5of its Bylaws, I will, on my own initiative, resign my membership from VCPA.

PLEASE CHECK APPROPRIATE ASSOCIATE CATEGORY FOR WHICH YOU ARE APPLYING AND PROVIDE SUPPORTING DOCUMENTATION.

(A) ☐ Educator (Provide evidence of the same.)

(B) ☐ Any person having attained the age of 55 years, who formerly would have been eligible for membership because of profession or otherwise. (Provide evidence of the same.)

(C) ☐ Non-resident of the State of Florida who would otherwise qualify for membership.

(D) ☐ Individuals who have graduated or completed a paralegal program but who have not been employed full-time as a paralegal for at least 6 months. (Provide copy of certificate or degree showing proof of graduation date.)

I understand that in the event an application has been pending for a period of 90 days or more due to a deficiency of which the applicant has been informed, and the deficiency remains unsatisfied, PAF will impose a 50% processing fee upon return of the application.

APPLICANT SIGNATURE:_____ **DATE:** _____

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