VOLUSIA COUNTY PARALEGAL ASSOCIATION

Mailing Address: 125 Basin Street, Suite 206, Daytona Beach, FL 32114
Email: volusiaparalegals@gmail.com; - Website: 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: $65** ☐ **Associate: $50** ☐ **Patron: $100** ☐ **Student: $30**

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.

By submitting this Renewal, 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.

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: _____

If you paid through the Zeffy Link, please do not fill out the credit card information above.

Return completed application and payment to the address at the top of page or by email to volusiaparalegals@gmail.com