VOLUSIA COUNTY PARALEGAL ASSOCIATION

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

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

PATRON MEMBER

APPLICATION FOR NEW MEMBERSHIP

GENERAL INFORMATION ABOUT APPLICANT

Patron Member Name: _____

Name of Designated Representative: _____

Email Address: _____ Alternate Email Address: _____

Mailing Address: _____ County: _____

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

Website: _____

Service / Specialty Provided: _____

NALA Member? ☐ YES ☐ NO 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.*

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.

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

PARTRON MEMBERSHIP FEE: $100.00

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/Zeffy $ _____

Method of Payment: ☐ Check / Money Order payable to *Volusia County Paralegal Assoc.* ☐ Credit Card ☐ Zeffy

Name on Card: _____

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

Billing Address: _____

Authorized Signature: _____ Date: _____

The undersigned, as the representative of the Applicant, hereby applies for membership as a PATRON MEMBER in the VOLUSIA COUNTY PARALEGAL ASSOCIATION, INC. (VCPA) and certifies that the above information is true and correct and that Patron Member Applicant meets one of the requirements for Sustaining Membership as set forth at PAF's website (volusiacountyparalegal.com). I affirm that on behalf of the Applicant, 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, INC. (see volusiacountyparalegal.com). If I am advised by VCPA that the Patron Member has been found to be in violation of Sections 3.8 and 5.5 of its Bylaws, I will, on behalf of the Patron Member and my own initiative, resign the Sustaining Member's membership from VCPA.

Patron Members: Patron Membership shall be open to any individual, company, firm, vendor, or institution who endorses the paralegal concept or is involved in the promotion of the paralegal profession, and those persons, companies, firms, vendors, or institutions interested in supporting this Volusia County Paralegal Association may become Patron Members. Patron membership does not include any individual who would otherwise qualify as an Active Member or Associate Member.

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

(A) ☐ Law firm

(B) ☐ Title company

(C) ☐ Banking company

(D) ☐ Other company providing services either to this organization or to law offices.

(E) ☐ Other law-related business or enterprise

SIGNATURE:_____ **DATE:** _____

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

Return completed application and payment to the address at the top of page 1.