VOLUSIA COUNTY PARALEGAL ASSOCIATION

Mailing Address: 125 Basin Street, Suite 206, 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)?

Have you ever been convicted of a felony? ☐ 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.

*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: 30.00

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.*

Please make checks payable to Volusia County Paralegal Association, Inc. Should you wish to pay via credit card or debit card, please do so using the following link: https://www.zeffy.com/en-US/ticketing/2027-membership-renewal-october-campaign

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* in compliance with qualifications above.

SIGNATURE:_____ **DATE:** _____

SCHOOL ATTESTATION

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: _____