



# SOUTHWEST FLORIDA PARALEGAL ASSOCIATION, INC.

Post Office Box 2094, Sarasota, Florida 34230-2094  
[swfloridaparalegals.com](http://swfloridaparalegals.com)

An Affiliate of the National Association of Legal Assistants, Inc.  
**MEMBERSHIP RENEWAL FORM – 2019**  
**(Past-Due after March 1)\***

I hereby apply for renewal of the following membership in Southwest Florida Paralegal Association, Inc.

Active \$45.00     Associate \$60.00     Student \$15.00     Sustaining \$60.00

AMOUNT ENCLOSED \$ \_\_\_\_\_ **\*If mailed after March 1, please include \$10.00 late fee**

Please make your check payable to: SOUTHWEST FLORIDA PARALEGAL ASSOCIATION, INC.

Mail the check and application to: Southwest Florida Paralegal Association, Inc.  
Post Office Box 2094  
Sarasota, FL 34230-2094

If you would like to renew online please login to <https://www.memberplanet.com/swfloridaparalegals> using the primary email on file.  
If you have any question regarding online payments please contact Lisa Ellis, President, at [lisancsa@aol.com](mailto:lisancsa@aol.com) or 941-321-4114.

*I reaffirm and agree to be bound by the Code of Ethics and Professional Responsibility and the Bylaws as adopted by Southwest Florida Paralegal Association, Inc.; I also attest that I have not been convicted of a felony in the past 12 months (which would make me ineligible for membership in Southwest Florida Paralegal Association, Inc.).*

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Cell Number: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ E-Mail: \_\_\_\_\_  
Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Fax Number: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ E-Mail: \_\_\_\_\_  
Certifications: FRP \_\_\_\_\_ CLA/CP \_\_\_\_\_ ACP \_\_\_\_\_ in what specialty: \_\_\_\_\_  
CFLA \_\_\_\_\_ CLAS: \_\_\_\_\_ List area: \_\_\_\_\_  
Area(s) of Law you work in: \_\_\_\_\_  
Birth Day: \_\_\_\_\_  
Students: Please list name of school \_\_\_\_\_ and expected graduation date \_\_\_\_\_  
NALA Member:  Yes  No

(Please indicate preferred mailing address with an asterisk [\*].) As a networking tool, your preferred mailing address, home and business telephone numbers, fax, e-mail, and areas of law will be published in the Association's membership roster unless you indicate otherwise.  No, I do not wish to have this information published.

**Please indicate which SWFPA committees you are interested in serving on – please check at least one**

<input type="checkbox"/> Audit	<input type="checkbox"/> Education/Scholarship	<input type="checkbox"/> Bar Liaison/Activities
<input type="checkbox"/> Nominations/Elections	<input type="checkbox"/> Dinner Meetings	<input type="checkbox"/> FAPA Liaison
<input type="checkbox"/> Newsletter / Publicity	<input type="checkbox"/> CLA Review / Seminar	<input type="checkbox"/> Website / Job Bank