



**SOUTHWEST FLORIDA
PARALEGAL ASSOCIATION, INC.**
Post Office Box 2094, Sarasota, Florida 34230-2094
swfloridaparalegals.com

An Affiliate of the National Association of Legal Assistants, Inc.
MEMBERSHIP RENEWAL FORM – 2023
(Past-Due after April 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 April 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, Vice President, at lisansca@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**
- | | | |
|------------------------------|-----------------------------|------------------------------|
| _____ Audit | _____ Education/Scholarship | _____ Bar Liaison/Activities |
| _____ Nominations/Elections | _____ Dinner Meetings | _____ FAPA Liaison |
| _____ Newsletter / Publicity | _____ CLA Review / Seminar | _____ Website / Job Bank |