



SOUTHWEST FLORIDA PARALEGAL ASSOCIATION, INC.

P.O. Box 2094, Sarasota, Florida 34230-2094

www.swfloridaparalegals.org

An Affiliate of the National Association of Legal Assistants, Inc.

MEMBERSHIP RENEWAL FORM – 2025

(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.
P.O. 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 Juliet Shepard, Vice President, at 123shep@gmail.com.

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: _____
Birthday: _____
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