



**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.

INSTRUCTIONS – APPLICATION FOR MEMBERSHIP

Southwest Florida Paralegal Association, Inc. “SWFPA” was established to provide **local** paralegals with a network of legal resource information and information on educational and professional opportunities. SWFPA’s primary goals are upholding the high ethical, professional, and personal standards set forth by the National Association of Legal Assistants, Inc. (NALA) and increasing paralegal awareness by encouraging member participation in community activities.

MEMBERSHIPS AVAILABLE

SWFPA has four membership categories: Active, Associate, Student, and Sustaining. These categories, and the qualifications for each, are described below.

I. QUALIFICATIONS FOR MEMBERSHIP

Active: Active membership is open to any individual who meets at least one of the following requirements:

- (1) Successful completion of NALA’s Certified Legal Assistant (CLA) exam;
- (2) Graduation from an ABA approved program of study for paralegals;
- (3) Graduation from an institutionally accredited paralegal program which is not ABA approved but requires the equivalent of 60 semester hours of classroom study;
- (4) Graduation from a course of study for paralegals other than those set forth in (2) and (3) above, **plus** six months of in-house training as a paralegal (note: an attorney/employer must attest that such person is qualified as a paralegal);
- (5) A baccalaureate degree in any field, **plus** six months of in-house training as a paralegal (note: an attorney/employer must attest that such person is qualified as a paralegal);
- (6) Three years of law-related experience under the supervision of an attorney, including six months of in-house training as a paralegal (note: an attorney/employer must attest that such person is qualified as a paralegal);
- (7) Two years of in-house training as a paralegal (note: an attorney/employer must attest that such person is qualified as a paralegal);
- (8) Obtained the designation of Florida Registered Paralegal (FRP) as identified by Chapter 20 of the Rules Regulating the Florida Bar.

This is the only type of membership that carries full voting privileges. Active members are also the only members who may serve as officers, directors, or committee chairs.

II. MEMBERSHIP DUES

Associate: Associate membership is open to any individual who meets at least one of the following requirements:

- (1) Membership in a bar association that endorses the concept or is involved in the promotion of the paralegal profession;
- (2) Employment in an educational field that endorses the concept or is involved in the promotion of the paralegal profession;
- (3) Involvement in the direct supervision of paralegals.

Student: Student membership is open to any individual who is currently enrolled in a paralegal course of study at a college, junior college, or other school; however, student membership is not available to any individual who has successfully completed NALA's CLA exam.

Sustaining: Sustaining membership is open to any individual, law firm, corporation, or paralegal program representative who endorses the concept or is actively involved in the promotion of the paralegal profession.

The first year's dues plus a one-time \$10.00 application fee must accompany the application form. The fiscal year starts January 1 and ends the following December 31.

DUES ARE NOT PRORATED; however, they are one-half the yearly dues if you join in the last half of the year, July 1 through December 31.

THE APPLICATION FEE IS ALWAYS REQUIRED FOR NEW APPLICANTS.

Active Members	\$45.00
Associate Members	\$60.00
Student Members	\$15.00
Sustaining Members	\$60.00
Application Fee	\$10.00

NOTE: Contributions or gifts to Southwest Florida Paralegal Association, Inc. are not deductible as charitable contributions for federal income tax purposes; however, payments may qualify as ordinary and necessary business expenses.

Southwest Florida Paralegal Association, Inc. uses the terms *paralegal* and *legal assistant* interchangeably, and it has adopted the definition of *legal assistant/paralegal* as set forth by the American Bar Association:

A legal assistant or paralegal is a person, qualified by education, training, or work experience who is employed or retained by a lawyer, law office, corporation, governmental agency, or other entity who performs specifically delegated substantive legal work for which a lawyer is responsible. (See Article 21.12 of the American Bar Association Bylaws)

Additionally, since SWFPA is an affiliate of NALA, all applicants for membership into SWFPA must agree to be bound by NALA's Code of Ethics and Professional Responsibility as outlined below:

Code of Ethics and Professional Responsibility

The canons of ethics set forth hereafter were adopted by NALA as a general guide intended to aid paralegals and attorneys and shall serve as the canons of ethics for Southwest Florida Paralegal Association, Inc. Additionally, court rules, agency rules, and statutes must be taken into consideration when interpreting the canons.

Canon 1: A paralegal must not perform any of the duties that only attorneys may perform nor take any actions that attorneys may not take.

Canon 2: A paralegal may perform any task which is properly delegated and supervised by an attorney, as long as the attorney is ultimately responsible to the client, maintains a direct relationship with the client, and assumes professional responsibility for the work product. (See NALA Model Standards and Guidelines for Utilization of Legal Assistants, Sections IV and V II.)

Canon 3: A paralegal must not (See NALA Model Standards and Guidelines for Utilization of Legal Assistants, Section VI):

- a. engage in, encourage, or contribute to any act which could constitute the unauthorized practice of law;
- b. establish attorney-client relationships, set fees, give legal opinions or advice, or represent a client before a court or agency unless so authorized by that court or agency; and
- c. engage in conduct or take any action which would assist or involve the attorney in a violation of professional ethics or give the appearance of professional impropriety

Canon 4: A paralegal must use discretion and professional judgment commensurate with knowledge and experience but must not render independent legal judgment in place of an attorney. The services of an attorney are essential in the public interest whenever such legal judgment is required. (See NALA Model Standards and Guidelines for Utilization of Legal Assistants, Section V II.)

Canon 5: A paralegal must disclose his or her status as a paralegal at the outset of any professional relationship with a client, attorney, a court or administrative agency or personnel thereof, or a member of the general public. A paralegal must act prudently in determining the extent to which a client may be assisted without the presence of an attorney. (See NALA Model Standards and Guidelines for Utilization of Legal Assistants, Section V.)

Canon 6: A paralegal must strive to maintain integrity and a high degree of competency through education and training with respect to professional responsibility, local rules and practice, and through continuing education in substantive areas of law to better assist the legal profession in fulfilling its duty to provide legal service.

Canon 7: A paralegal must protect the confidences of a client and must not violate any rule or statute now in effect or hereafter enacted controlling the doctrine of privileged communications between a client and an attorney. (See Model Standards and Guidelines for Utilization of Legal Assistants, Section V.)

Canon 8: A paralegal must do all other things incidental, necessary, or expedient for the attainment of the ethics and responsibilities as defined by statute or rule of court.

Canon 9: A paralegal's conduct is guided by bar associations' codes of professional responsibility and rules of professional conduct.

APPLICATION FOR ACTIVE MEMBERSHIP IN SWFPA

I hereby apply for active membership (\$45.00) in Southwest Florida Paralegal Association, Inc.

AMOUNT ENCLOSED **\$55.00** (which totals the yearly dues **PLUS** the \$10.00 application 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

I agree to be bound by the Code of Ethics and Professional Responsibility and the Bylaws as adopted by Southwest Florida Paralegal Association, Inc.; I understand that this application is subject to approval by Southwest Florida Paralegal Association, Inc.; and, that if I have been convicted of a felony, I am not eligible for membership in Southwest Florida Paralegal Association, Inc.

Date: _____ Signature: _____

Name: _____	Home Phone: _____
Address: _____	Fax Number: _____
City: _____ State: _____ Zip: _____	E-Mail: _____
Employer: _____	Work Phone: _____
Address: _____	Fax Number: _____
City: _____ State: _____ Zip: _____	E-Mail: _____
Area(s) of Law: _____	CP _____ FRP _____ FCP _____
ACP/CLAS: _____ List area: _____	Birth Day: _____

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 circle the qualification number that you are applying under:

1. Attach copy of CLA certificate or congratulatory letter from NALA.
2. Attach copy of graduation certificate/diploma.
3. Attach copy of graduation certificate/diploma and copy of course outline.
4. Attach copy of graduation certificate/diploma and complete attorney/employer attestation below.
5. Attach copy of graduation certificate/diploma and complete attorney/employer attestation below.
6. Complete attorney/employer attestation below.
7. Complete attorney/employer attestation below.
8. Attach copy of FRP certificate

I hereby attest that _____ is employed by me and meets the qualifications for active membership in Southwest Florida Paralegal Association, Inc. as listed under qualification number _____.

Date: _____
Name of Attorney/Employer (please print) _____

Florida Bar No. _____ Signature _____

Please indicate which committees/areas you are interested in serving; please check at least one:

<u>SWFPA Business:</u>	<u>Education:</u>	<u>Public Relations:</u>
____ Audit	____ CP Review Course	____ Bar Liaison/Activities
____ Newsletter	____ Dinner Meetings	____ FAPA Delegate
____ Nominations/Elections	____ Seminar	____ Job Bank/Website
____ Officer	____ Scholarship	____ Publicity

APPLICATION FOR ASSOCIATE/SUSTAINING MEMBERSHIP IN SWFPA

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

Associate \$60.00 Sustaining \$60.00

AMOUNT ENCLOSED **\$70.00** (which totals the yearly dues **PLUS** the \$10.00 application fee).

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Sarasota, FL 34230-2094

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Date: _____ Signature: _____

Name: _____	Home Phone: _____
Address: _____	Fax Number: _____
City: _____ State: _____ Zip: _____	E-Mail: _____
Employer: _____	Work Phone: _____
Address: _____	Fax Number: _____
City: _____ State: _____ Zip: _____	E-Mail: _____
Birth Day: _____	

Legal Association/Affiliation: _____

Please indicate which committees/areas you are interested in serving; please check at least one:

<u>SWFPA Business:</u>	<u>Education:</u>	<u>Public Relations:</u>
___ Audit	___ CP Review Course	___ Bar Liaison/Activities
___ Newsletter	___ Dinner Meetings	___ Job Bank/Website
___ Nominations/Elections	___ Seminar	___ Publicity
	___ Scholarship	

APPLICATION FOR STUDENT MEMBERSHIP IN SWFPA

I hereby apply for student membership (\$15.00) in Southwest Florida Paralegal Association, Inc.

AMOUNT ENCLOSED **\$25.00** (which totals the yearly dues **PLUS** the \$10.00 application fee).

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Date: _____ Signature: _____

Name: _____	Home Phone: _____
Address: _____	Fax Number: _____
City: _____ State: _____ Zip: _____	E-Mail: _____
Employer: _____	Work Phone: _____
Address: _____	Fax Number: _____
City: _____ State: _____ Zip: _____	E-Mail: _____
Birth Day: _____	

Name/Address of School: _____

Expected Graduation Date: _____ Instructor Name: _____

Instructor's Signature

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

<u>SWFPA Business:</u>	<u>Education:</u>	<u>Public Relations:</u>
___ Audit	___ CP Review Course	___ Bar Liaison/Activities
___ Newsletter	___ Dinner Meetings	___ Future FAPA Delegate
___ Nominations/Elections	___ Seminar	___ Job Bank/Website
___ Future Officer	___ Scholarship	___ Publicity