



Tampa Bay Paralegal Association, Inc.
 Post Office Box 2840
 Tampa, Florida 33601
 General Email: info@tbpa.org
 Membership Email: membership@tbpa.org
 Website: www.tbpa.org

- I am applying for:
- | | |
|--|-----------------------|
| <input type="checkbox"/> Active Membership | Annual Dues: \$ 95.00 |
| <input type="checkbox"/> Associate Membership | Annual Dues: \$ 95.00 |
| <input type="checkbox"/> Sustaining Membership | Annual Dues: \$125.00 |
| <input type="checkbox"/> Student Membership | Annual Dues: \$ 35.00 |
| <input type="checkbox"/> Emeritus Membership | Annual Dues: \$ 50.00 |
| <input type="checkbox"/> Honorary Membership | Annual Dues: No dues |

All Annual Dues are based on a Calendar Year (Jan. 1 to Dec. 31.)

Tell us, how did you hear about TBPA? _____

PLEASE TYPE OR PRINT ALL INFORMATION FOR OUR MEMBERSHIP FILES AND DIRECTORY DATABASE WHICH ARE KEPT IN A CONFIDENTIAL MANNER. All TBPA Mailings will be sent to the indicated home address (with the exception of Sustaining Membership).

Please indicate preferred email address to use for sending email correspondence: Home email Business email

Name: _____

Professional Designations (RP, FRP, CP, etc.) _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____ E-mail: _____

Employer: _____

Employer Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____ E-mail: _____

Name of Supervising Attorney: _____

Areas of Specialization: _____

TBPA COMMITTEES

All members may participate in any committee. Please indicate your interests below:

- | | | |
|---|--|---|
| <input type="checkbox"/> Luncheon | <input type="checkbox"/> Membership | <input type="checkbox"/> Pro Bono |
| <input type="checkbox"/> Newsletter | <input type="checkbox"/> Employment/Job Bank | <input type="checkbox"/> Bar Liaison/Public Relations |
| <input type="checkbox"/> Seminar/Continuing Education | <input type="checkbox"/> Nominations/Elections | <input type="checkbox"/> Paralegal School Liaison |
| <input type="checkbox"/> Education/Professional Development | <input type="checkbox"/> Website/Technology | <input type="checkbox"/> Codes/By-Laws/Standing Rules |
| <input type="checkbox"/> State and National Affairs | <input type="checkbox"/> Audit | <input type="checkbox"/> Charity/Community Service |

ACTIVE MEMBERSHIP ELIGIBILITY REQUIREMENTS

Active. To qualify as an Active Member, an individual must be employed or retained as a paralegal as currently defined by the Florida Supreme Court, and reside or work in Hernando, Hillsborough, Manatee, Pasco, Pinellas or Polk Counties **and meet one of the following criteria.** Please circle the applicable category below for which you are eligible for Active Membership:

- A. Successful completion of the Paralegal Advanced Competency Examination (“PACE”) of the National Federation of Paralegal Associations, Inc.(“NFPA”) and/or the Certified Paralegal exam of the National Association of Legal Assistants•Paralegals (“NALA”)
- B. Graduation from an ABA approved program of study for paralegals;
- C. Graduation from a course of study for paralegals which is institutionally accredited but not ABA approved and which requires not less than the equivalent of sixty (60) semester hours of classroom study;
- D. Graduation from a course of study for paralegals, other than those set forth in items (ii) and (iii) above, plus not less than six (6) months of in-house training as a paralegal, and whose attorney attests that such person is qualified and currently working as a paralegal;
- E. A baccalaureate degree in any field, plus not less than six (6) months of in-house training as a paralegal, and whose attorney attests that such person is qualified and currently working as a paralegal;
- F. A minimum of three (3) years of law-related experience under the supervision of any attorney, including at least six (6) months of in-house training as a paralegal and whose attorney attests that such person is qualified and currently working as a paralegal; and
- G. Two (2) years of in-house training as a paralegal, and whose attorney attests that such person is qualified and currently working as a paralegal.

Only Active Members will be qualified as Voting Members of this Association.

ATTORNEY ATTESTATION

(Supervising Attorney must attest below verification of eligibility of applicant for “ACTIVE” membership)

I hereby attest that _____ is employed by me, full-time, as a Paralegal and is eligible for active membership consistent with one or more of the requirements for active membership, as set forth above in sub-paragraphs A through G. This applicant meets the eligibility requirements to be recognized as a paralegal, and meets the criteria of the definition of a Paralegal as set forth by NFPA, NALA, the American Bar Association, the Florida Supreme Court and the Florida Bar’s Rule 4-5.3 (amended 4/25/2002), to-wit: *a person, qualified through education, training, or work experience, who is employed or retained by a lawyer, law office, governmental agency, or other entity in a capacity or function which involves the performance, under the ultimate direction and supervision of an attorney, of specifically-delegated substantive legal work, which work for the most part, requires a sufficient knowledge of legal concepts that, absent such assistant, the attorney would perform the task.* I further attest that the applicant’s ethical and professional conduct is above reproach.

Date: _____ By: _____
Attorney Signature

ACTIVE MEMBER ATTESTATION

(All applicants for Active Membership must read and sign below)

I hereby affirm that I have not been convicted of a felony, that I am not a disbarred or suspended attorney and that I have not been found to have engaged in the unauthorized practice of law. Further I understand that once approved as a member of the TBPA, I am subject to all of the provisions contained in the NFPA and NALA Code of Ethics and Professional Responsibility. Further, I hereby affirm that I am eligible to apply for active membership consistent with the eligibility requirements as set forth and indicated above and also as outlined by the Bylaws and Standing Rules of TBPA. I hereby acknowledge that the information contained on this Application for Membership to the TBPA is true and accurate to the best of my knowledge.

Date: _____ Signature: _____

STUDENT MEMBERSHIP ELIGIBILITY REQUIREMENTS

IF APPLYING FOR “STUDENT” MEMBERSHIP, PLEASE COMPLETE THE FOLLOWING:

Student Name: _____
School Attending: _____
School Counselor/Supervisor’s Name & Phone Number: _____
Anticipated Date of Graduation: _____

(Students must attach a copy of current proof of enrollment with application)**

Student. Educational Requirements: The following educational requirements must be met by the educational facility at which the applicant is obtaining his/her paralegal education. The paralegal program must consist of at least 18 semester hours (approximately 250 clock hours) of paralegal coursework **and** appropriate general education, consisting of legal specialty courses with the material presented in depth over an extended period of time for development of theoretical, analytical and practical skills from a either a proprietary school, community college, four-year college or university in the form of an associate degree, a baccalaureate degree, a certificate, or master’s degree. These standards include the following:

(1) Post-secondary coursework in substantive and procedural law, the American legal system, law offices and related environments, the paralegal profession, legal research and writing, ethics and areas of legal practice such as those described in AAfPE’s *Core Competencies for Paralegal Programs*;

(2) No fewer than 18 semester credit hours (or the equivalent) of substantive paralegal courses;

(3) The completion of a minimum of 60 semester hours (or the equivalent) of total post-secondary study prior to graduation. A semester hour is equivalent to 15 classroom hours of at least 50 minutes in duration;

(4) The paralegal education program must be offered by an institution that is: (a) An institutional member of the American Association for Paralegal Education; or (b) A paralegal educational program approved by the American Bar Association; or (c) A paralegal program offered by an institution accredited by an agency recognized by the United States Department of Education and offering courses at the post-secondary level. **Please circle the applicable category below for which you are eligible for Student Membership:**

- A. Individuals who are currently enrolled in a paralegal program of study as identified above, taking at least six (6) semester hours or equivalent of law related courses; or
- B. Individuals who are currently enrolled in paralegal program of study as identified above, taking at least three (3) semester hours or equivalent of law related courses **and** are employed full-time in a law-related field.

STUDENT MEMBERSHIP ATTESTATION

(All applicants for Student Membership must read and sign below)

I hereby affirm that I have not been convicted of a felony, that I am not a disbarred or suspended attorney and that I have not been found to have engaged in the unauthorized practice of law. Further, I understand that once approved as a member of the TBPA, I am subject to all of the provisions contained in the NFPA and NALA Code of Ethics and Professional Responsibility. Further, I hereby affirm that I am eligible to apply for Student Membership consistent with the eligibility requirements as set forth above. I hereby acknowledge that the information contained on this Application for Membership to the TBPA is true and accurate to the best of my knowledge.

Date: _____ Signature: _____

Note: Student membership is not open to any individual who has successfully completed the Paralegal Advanced Competency Examination (“PACE”) of the National Federation of Paralegal Associations, Inc. or the Certified Paralegal (“CP”) examination of the National Association of Legal Assistants, Inc. (See “Active” or “Associate” Membership.)

ASSOCIATE MEMBERSHIP ELIGIBILITY REQUIREMENTS

Associate. Any one of the following shall qualify for Associate membership. **Please circle the applicable category below for which you are eligible for Associate Membership:**

- A. those members of the Bar Associations endorsing the paralegal concept or involved in the promotion of the paralegal profession;
- B. those members of the educational field endorsing the paralegal concept or involved in the promotion of the paralegal profession;
- C. those persons involved in the supervision of paralegals;
- D. non-residents of Hernando, Hillsborough, Manatee, Pasco, Pinellas or Polk Counties who would otherwise qualify for membership; and

E. individuals who have graduated from or completed a paralegal program but who have not been employed full-time as a paralegal for at least six (6) months or are not currently employed full-time as a paralegal.

IF APPLYING FOR “ASSOCIATE” MEMBERSHIP, PLEASE PLACE A CHECK NEXT TO ONE OF THE FOLLOWING APPLICABLE CATEGORIES:

Attorney: _____ Educator: _____ Other: _____
(Not employed as a Paralegal or live outside Tampa Bay area)

ASSOCIATE MEMBERSHIP ATTESTATION
(All applicants for Associate Membership must read and sign below)

I hereby affirm that I have not been convicted of a felony, that I am not a disbarred or suspended attorney and that I have not been found to have engaged in the unauthorized practice of law. Further, I understand that once approved as a member of the TBPA, I am subject to all of the provisions contained in the NFPA and NALA Code of Ethics and Professional Responsibility. Further, I hereby affirm that I am eligible to apply for Associate Membership consistent with the eligibility requirements as set forth above. I hereby acknowledge that the information contained on this Application for Membership to the TBPA is true and accurate to the best of my knowledge.

Date: _____ Signature: _____

SUSTAINING MEMBERSHIP ELIGIBILITY REQUIREMENTS

Sustaining. Sustaining membership is available to those individuals, law firms, corporations or paralegal program representatives who endorse the paralegal profession and who contribute annual dues in an amount determined by the Board of this Association.

IF APPLYING FOR “SUSTAINING” MEMBERSHIP, PLEASE COMPLETE THE FOLLOWING:

Name: _____

Please indicate whether your application is based on one of the following categories by placing a circle around the subparagraph of the applicable category listed below and complete the applicable information.

- A. Individual or Corporation endorsing the paralegal profession;
- B. Law firm; or
- C. Paralegal program representative

ADDITIONALLY, IF APPLYING FOR “SUSTAINING” MEMBERSHIP, PLEASE COMPLETE THE FOLLOWING:

(Sustaining membership is also available to law firms, title companies, banking companies, other companies providing services either to this organization or law offices, and any related business or enterprise. Please check the applicable section below.)

Name of Business: _____

Name of Contact Person: _____

Law Firm: _____ Title Co.: _____ Banking Co.: _____ Other (please specify): _____

SUSTAINING MEMBERSHIP ATTESTATION

(All applicants for Sustaining Membership must read and sign below)

I hereby affirm that I have not been convicted of a felony, that I am not a disbarred or suspended attorney and that I have not been found to have engaged in the unauthorized practice of law. Further, I understand that once approved as a member of the TBPA, I am subject to all of the provisions contained in the NFPA and NALA Code of Ethics and Professional Responsibility. Further, I hereby affirm that I am eligible to apply for Sustaining Membership consistent with the eligibility requirements as set forth above. I hereby acknowledge that the information contained on this Application for Membership to the TBPA is true and accurate to the best of my knowledge.

Date: _____ Signature: _____

EMERITUS MEMBERSHIP ELIGIBILITY REQUIREMENTS

Emeritus. An Emeritus member need not be a member of TAMPA BAY PARALEGAL ASSOCIATION, INC. An individual shall qualify for Emeritus membership in accordance with the procedures outlined below.

- A. Any individual who previously worked as a paralegal or paralegal educator who is over the age of 55 and has since retired from active, full-time employment as a paralegal or paralegal educator.
- B. Emeritus Member shall have all of the privileges and prerogatives of an Active or Associate member, except that an Emeritus member may not vote, hold office, or serve as the chair on any committee.

EMERITUS MEMBERSHIP ATTESTATION

(All applicants for Emeritus Membership must read and sign below)

I hereby affirm that I have not been convicted of a felony, that I am not a disbarred or suspended attorney and that I have not been found to have engaged in the unauthorized practice of law. Further, I understand that once approved as a member of the TBPA, I am subject to all of the provisions contained in the NFPA and NALA Code of Ethics and Professional Responsibility. Further, I hereby affirm that I am eligible to apply for Emeritus Membership consistent with the eligibility requirements, as set forth above. I hereby acknowledge that the information contained on this Application for Membership to the TBPA is true and accurate to the best of my knowledge.

Date: _____ Signature: _____

HONORARY MEMBERSHIP ELIGIBILITY REQUIREMENTS

Honorary. An Honorary member need not be a member of TAMPA BAY PARALEGAL ASSOCIATION, INC. An individual shall qualify for Honorary membership in accordance with the procedures outlined below.

- A. Any individual who has made an outstanding contribution in service to this Association or in the furtherance of the paralegal profession, to be determined by the Board of this Association;
- B. Any Active Member seeking to recommend someone as an Honorary Member should submit to the Board of this Association a recommendation in writing for the consideration of the Board;
- C. A majority vote of the Board of this Association shall qualify said individual as an Honorary Member; and
- D. Honorary Member shall not be required to pay dues and shall ***not*** have voting rights.

HONORARY MEMBERSHIP ATTESTATION

(All applicants for Honorary Membership must read and sign below)

I hereby affirm that I have not been convicted of a felony, that I am not a disbarred or suspended attorney and that I have not been found to have engaged in the unauthorized practice of law. Further, I understand that once approved as a member of the TBPA, I am subject to all of the provisions contained in the NFPA and NALA Code of Ethics and Professional Responsibility. Further, I hereby affirm that I am eligible to apply for Honorary Membership consistent with the eligibility requirements, as set forth above. I hereby acknowledge that the information contained on this Application for Membership to the TBPA is true and accurate to the best of my knowledge.

Date: _____ Signature: _____

* **Charter Members.** Any member who qualifies for “Active” membership and shall have submitted a membership application on or before November 31, 2000, and paid the “Active” members dues, shall be designated as a Charter Member of the Association.