



BIG BEND CHAPTER OF THE PARALEGAL ASSOCIATION OF FLORIDA, INC.



STUDENT MEMBERSHIP APPLICATION / RENEWAL FY 07/01/17-06/30/18

New Member _____

Renewal _____

Applicant: _____ Date: _____

Home Address: _____

E-Mail Address: _____

Signature of Applicant (REQUIRED)

Please Circle at least one committee on which you would be interested in serving:

Bar Liaison Community Service Education/Scholarship Job Bank Membership

Public Relations Speaker/Seminar

ANNUAL DUES: Student Member (School: _____) \$10.00

PLEASE SEND COMPLETED APPLICATION AND YOUR CHECK MADE PAYABLE TO:

Big Bend Chapter of Paralegal Association of Florida, Inc.
Post Office Box 43
Tallahassee, Florida 32302-0043

Approved By: _____

Date Approved: _____