



**Lambda Epsilon Chi (LEX)**  
**National Honor Society in Paralegal/Legal Assistant Studies**

**Chapter Application**

**1. SCHOOL INFORMATION**

Name of Institution: \_\_\_\_\_

Name of Program Director: \_\_\_\_\_

Address 1: \_\_\_\_\_

Address 2: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Name of Institution as it is to appear in Name of Chapter:

\_\_\_\_\_

**2. VERTIFICATION**

Are you an Institutional, Affiliate or Associate Member of AAfPE?  Yes  No

**Attach to this application a statement for your institution containing the following:**

1. Your institution's definition of "Superior academic performance."
2. The times during the year when your institution expects to induct persons into LEX.
3. A description of how your institution will determine "two-thirds of the program requirements."

**3. AUTHORIZATION AND AGREEMENT**

The institution named herein agrees to comply with and abide by all rules and regulations contained in the Charter of Lambda Epsilon Chi and acknowledges receipt of a copy thereof. Said institution also agrees to comply with all requests for information and the decisions of the National Coordinator of Lambda Epsilon Chi (LEX).

Institution: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_



*Lambda Epsilon Chi (LEX) was established in 1996 and is a program of the American Association for Paralegal Education AAfPE*

**Lambda Epsilon Chi  
National Honor Society in Paralegal/Legal Assistant Studies**

**Chapter Application Invoice**

Name of Chapter: \_\_\_\_\_

Program Director: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Application fee: \$100.00**

*Note: The fee must accompany application. Applications submitted without fee will not be reviewed until fee is paid. There will be no exceptions.*

**Payment details:**

**Payment by check payable to AAfPE** Check #: \_\_\_\_\_ Amount \$: \_\_\_\_\_

Select Card Type:  **Amex**  **Visa**  **MasterCard**

Name on Card: \_\_\_\_\_ Authorized Amount \$ \_\_\_\_\_

Signature of card holder: \_\_\_\_\_

Card Number: \_\_\_\_\_

Exp Date: \_\_\_\_\_ CVV Code: \_\_\_\_\_

**Please submit chapter application and payment via mail or fax to:**

**AAfPE**

222 S Westmonte Dr Ste 111  
Altamonte Springs FL 32714

Phone: 407-774-7880  
Fax: 407-774-6440 (credit card payments only)  
Email: info@aafpe.org