



Lambda Epsilon Chi (LEX) Inductee Form

Name of Chapter: _____

ELIGIBILITY OF STUDENTS FOR MEMBERSHIP IN LEX: The student to be inducted must demonstrate "superior academic performance" which is evidenced by an **overall** grade point average of at least **3.25**, plus a grade point average **in their paralegal classes** of at least **3.50**, to make membership in LEX a true and meaningful academic honor within the institution and a recognizable indication of superior academic achievement to members of the legal profession in the geographical area served by the institution.

Calculation Affirmation: Describe here, or on a separate page, the method used to calculate "two-thirds of the program requirements" for determination of the total number of students eligible for induction, as required under Section V.2) of the LEX Charter, as amended 2/14/2004. ***Must be submitted for approval***

STUDENT NAME <i>as it is to appear on certificate</i> – PRINT NEATLY	GPA Overall (3.25)+	GPA Paralegal Program (3.50)+	Certificate Preference	
			Paralegal	Legal Studies

Induction Date: _____
Required Month/Day/Year

Requested Date to Receive Materials: _____
(Please allow 4 weeks for processing)

Program Director Name: _____

Date Submitted: _____

Signature: _____

Must be signed by Program Director

Lambda Epsilon Chi (LEX) INVOICE

Name of Chapter: _____ Date: _____

Ship to: Name: _____

Address: _____

City, ST, Zip: _____

Phone: _____ Email: _____

Quantity	Description	Unit Price	Total
_____	LEX Certificate and Pin (Induction fee)	\$50.00	\$ _____
_____	LEX Graduation Sash	\$35.00	\$ _____
_____	LEX Banner	\$99.00	\$ _____
_____	LEX Expedited Processing/Shipping <i>(If applicable – please see below)</i>	\$25.00	\$ _____
	Amount Paid		\$ _____

AAfPE will pay standard mailing costs for orders placed within a two-week delivery date. Expedited shipping costs for induction certificates, pins and sashes will be billed to the LEX chapter.

Please allow for a an additional 3–5 days for review of your order form by the LEX National Coordinator, to verify that students have met the eligibility and program requirements for induction into LEX.

Payment details:	
<input type="checkbox"/> Payment by Check payable to AAfPE	Check #: _____ Amount \$: _____
<p>Please note that only school-issued checks will be accepted. Personal checks from students will be returned. Money Orders will be accepted as a form of payment.</p>	
Select Card Type: <input type="checkbox"/> Amex <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard	
Name on Card: _____ Authorized Amount \$ _____	
Signature of card holder: _____	
Card Number : _____	
Exp Date: _____ CVV Code: _____	

Please mail form and payment to:

AAfPE, 222 S Westmonte Dr Ste 101, Altamonte Springs FL 32714

Phone: 407-774-7880

Fax: 407-774-6440 *(credit card payments only)*

Email: info@aafpe.org