

Individual Membership Application



Individual memberships are for persons who have retired from, or otherwise left, a member institution so long as they remain unaffiliated with a paralegal program. Individual memberships cannot be used as a substitute for Institutional, Associate, or Affiliate membership. If an institution does not renew its membership, all individual members associated with that institution shall be notified that they will not be eligible to renew their individual memberships until the institution has renewed its membership. Individual members who become affiliated with a paralegal program at a non-member institution shall also be notified that they will not be eligible to renew their individual memberships until the institution becomes a member institution or renews its membership. This will be monitored by the President-Elect in his or her capacity as Chairperson of the Membership Committee. This is a non-voting membership category.

Name of Applicant: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____

Telephone Number: (____) ____ - _____ Fax Number: (____) ____ - _____

Applicant's Position at the Member institution (faculty, etc.): _____

Institution Name: _____

Name of Program Director: _____

E-Mail Address of Program Director: _____

Signature of Applicant
(Digital signature or "/s/ First Name & Last Name" acceptable)

Date

Please note: Applicant must include, as an attachment to this application, a letter or email from the Program Director verifying the applicant's position and dates of service at the Institution. Multiple applicants from the same institution may submit the same letter of verification provided they are specifically named and their dates of service are indicated in the letter)

No applications will be processed unless accompanied verification of the applicant's position and dates of service along with payment of the dues in full.

This form can be submitted as an attachment with all required supporting documentation and payment information to: membership@aafpe.org

**Individual membership fee is \$30.00 per membership year (January 1 – December 31)
Membership Dues are non-refundable.**

AAfPE, 222 S. Westmonte Dr, #111, Altamonte Springs, FL 32714
Phone: 407-774-7880 Fax: 407-774-6440 Email: info@aafpe.org
Website: www.aafpe.org