

**AMERICAN FREELANCE PARALEGAL ASSOCIATION
ASSOCIATE MEMBERSHIP APPLICATION
www.freelanceparalegal.org
membership@freelanceparalegal.org
Phone 877-460-0478 Fax 877-230-5110**

Company _____

Address _____

City _____ State _____ Zip _____

Telephone _____ Fax _____

E-mail _____ Web site _____

Representative _____ Title _____

MEMBERSHIP REQUIREMENTS:

Associate Membership shall be open to any individual or business entity which shall meet the following requirements:

- Must be engaged in the business of manufacturing, distributing, supplying, dealing in or selling products or services generally used and relating to and necessary to the members of the Association.
- Have made application to the AFPA, and shall be approved for membership by the AFPA Board of Directors

COMPANY DATA

Indicate services offered by your company

ANNUAL DUES \$100 (\$85 for first year)

Website Advertising

Plain Text Link	\$90/yr
Logo* Link	\$160/yr
Logo* Link w/brief paragraph about company	\$250/yr

*Note: Please submit logo via email to information@freelanceparalegal.org. It must be no larger than a 200x200 pixel high resolution .jpg

Enclosed is a check for \$_____

A check payable to the American Freelance Paralegal Association in the amount of one full year's dues (fully refundable if application is denied). Remittance for advertising may be done at anytime after application is approved.

Our firm applies Associate Membership in the American Freelance Paralegal Association. All information contained in this application is true and accurate and the undersigned acknowledges that false information can result in the denial of acceptance of this application. The undersigned does also agree to the prompt payment of all Association dues and assessments when due. Upon approval by the Executive Committee, the undersigned does agree to abide by the By Laws and the AFPA Code of Ethics.

Privacy Policy

The AFPA does not collect any personal identifying information about you unless you specifically and knowingly provide such information. Contact information provided to the AFPA may be used to send information about AFPA programs, events, opportunities, or other useful information. The AFPA may share contact information with Regular or Emerging Paralegal Members, Sponsors and other companies that offer AFPA member benefits and endorsed programs. The AFPA will not share contact information with any other company, group, or organization that is not affiliated with or endorsed by the association for the sole intent of using such information for marketing purposes.

Fax/e-mail Authorization

By completing and submitting this application, I hereby authorize the American Freelance Paralegal Association (AFPA) to send me pertinent documents and/or information via facsimile (fax) transmission and/or e-mail via the above fax number and/or e-mail address. I recognize that such documents include, but are not limited to, billing statements, registration forms, AFPA member communications, and official letters. I understand that granting this permission is a necessary component of my membership in the association.

Signed by _____

Title _____ Date _____

Please return this membership application and payment to: American Freelance Paralegal Association, 1505 S 58 St, West Allis, WI 53214

For office Use Only:

Application Received Date _____ Check Rec'd _____

Executive Committee Approved Date _____