



Foundation for the Advancement

of the Paralegal Profession

Empowering and Promoting Paralegals™

A 501(c)(3) non-profit

www.paralegalfoundation.org

HONORARY FELLOW APPLICATION

PLEASE TYPE/PRINT CLEARLY

Name: _____
Last First

Phone: (____) _____ Fax: (____) _____ Cell: (____) _____

Email: _____

Address: _____

_____ ZIP _____

Upon submission of this application, the person whose signature appears below, agrees and understands that his or her term as an Honorary Fellow of the Foundation continues until a resignation is received in writing to the address provided below.

Upon approval of a person's application, that person may use the designation "Honorary Fellow of FAPP" of "Honorary Fellow of the Foundation for the Advancement of the Paralegal Profession" in the same manner and under the same guidelines as he or she uses the RP designation.

Further, the person whose signature appears bellow affirms that he or she is entitled to use the designation "PACE - Registered Paralegal®" or "RP®."

Signature _____ Date _____

Committee Use Only

Received _____

Approved _____

Comments _____

Interests

(Check all that apply)

Board of Directors Position

Essential Piece Campaign

Honorary Fellows Program

Public Relations

Volunteer (general)

Recommend a Potential Supporter

Name: _____ No. _____