



Florida Association of Legal Document Preparers Membership Application

Name: _____

Address: _____ County: _____

Phone: _____ E-mail: _____

Business Name: _____

Business Address: _____

Credentials

Total number of years experience preparing legal documents in Florida: _____

Types of documents with which you have experience: (Check all that apply)

Family law Small Claims Debt Real Estate Social Security Appeals
 Bankruptcy Immigration Criminal Guardianship Other

Comments: _____

Education

_____ Completed two year college level course of study - Paralegal or Legal Assisting
Name of College: _____ Year Completed: _____

_____ Completed four year college level course of study – Pre-Law or Legal Studies
Name of College: _____ Year Completed: _____

_____ Law school graduate
Name of Law School: _____ Year Completed: _____

_____ I agree to abide by the Florida Association of Legal Document Preparers Pledge.

Signature

SIGN HERE

Date