



DECLARATION FOR OFFICER CANDIDACY FORM

For South Florida Paralegal Association, Inc.'s Fiscal Year 2020-2021

TO: **SFPA Elections Committee**
Attn: Chairperson
123 S.E. 3rd Avenue, #367
Miami, FL 33131

I hereby declare my candidacy for _____.
I further declare that I am an Active Member of the South Florida Paralegal Association, Inc., and that I meet the qualifications of this office pursuant to the bylaws. Please see SFPA bylaws for officers, qualifications, and duties.

DATE: _____

SIGNATURE: _____

PRINT NAME: _____

MAILING ADDRESS: _____

PHONE NUMBER: _____

EMAIL ADDRESS: _____

EMPLOYER: _____

**COMPLETED AND SIGNED DECLARATION NEEDS TO BE RECEIVED BY
FEBRUARY 5, 2019 VIA U.S. MAIL OR EMAIL AT: sfpa-elections@sfpa.info**