



# SFPA

SOUTH FLORIDA PARALEGAL ASSOCIATION, INC.

123 S.E. 3<sup>rd</sup> Avenue, #367, Miami, Florida 33131

## DECLARATION FOR OFFICER CANDIDACY FORM

For South Florida Paralegal Association, Inc.'s Fiscal Year 2019-2020

**TO: SFPA Elections Committee**  
**Attn: Chairperson**  
**123 S.E. 3<sup>rd</sup> 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.

**DATE:** \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_

**PRINT NAME:** \_\_\_\_\_

**MAILING ADDRESS:** \_\_\_\_\_

\_\_\_\_\_

**PHONE NUMBER:** \_\_\_\_\_

**EMAIL ADDRESS:** \_\_\_\_\_

**EMPLOYER<sup>1</sup>:** \_\_\_\_\_

<sup>1</sup> If applicable. If you are a student, please enter your school name.

**DECLARATIONS FOR OFFICER CANDIDACY MUST BE RECEIVED BY  
FEBRUARY 9, 2019 VIA U.S. MAIL OR EMAIL AT: [sfpa-elections@sfpa.info](mailto:sfpa-elections@sfpa.info)**