



Lambda Epsilon Chi (LEX)
National Honor Society in Paralegal/Legal Assistant Studies

Chapter Application

1. SCHOOL INFORMATION

Name of Institution: _____

Name of Program Director: _____

Address 1: _____

Address 2: _____

City/State/Zip: _____

Email: _____

Phone: _____ Fax: _____

Name of Institution as it is to appear in Name of Chapter:

2. VERIFICATION

Are you an Institutional, Affiliate or Associate Member of AAfPE? Yes No

Attach to this application a statement for your institution containing the following:

1. Your institution's definition of "Superior academic performance."
2. The times during the year when your institution expects to induct persons into LEX.
3. A description of how your institution will determine "two-thirds of the program requirements."

3. AUTHORIZATION AND AGREEMENT

The institution named herein agrees to comply with and abide by all rules and regulations contained in the Charter of Lambda Epsilon Chi and acknowledges receipt of a copy thereof. Said institution also agrees to comply with all requests for information and the decisions of the National Coordinator of Lambda Epsilon Chi (LEX).

Institution: _____

Printed Name: _____

Signature: _____

Date: _____



Lambda Epsilon Chi (LEX) was established in 1996 and is a program of the American Association for Paralegal Education AAfPE

Lambda Epsilon Chi
National Honor Society in Paralegal/Legal Assistant Studies

Chapter Application Invoice

Name of Chapter: _____

Program Director: _____

Address: _____

City: _____ State _____ Zip _____

Phone: _____ Email: _____

Application fee: \$100.00

Note: The fee must accompany application. Applications submitted without fee will not be reviewed until fee is paid. There will be no exceptions.

Payment details:

Payment by check payable to AAfPE Check #: _____ Amount \$: _____

Select Card Type: **Amex** **Visa** **MasterCard**

Name on Card: _____ Authorized Amount \$ _____

Signature of card holder: _____

Card Number: _____

Exp Date: _____ CVV Code: _____

Please submit chapter application and payment via mail or fax to:

AAfPE

222 S Westmonte Dr Ste 101
Altamonte Springs FL 32714

Phone: 407-774-7880

Fax: 407-774-6440 (credit card payments only)

Email: info@aafpe.org