



# Lambda Epsilon Chi (LEX) Inductee Form

Name of Chapter (School Name): \_\_\_\_\_

**ELIGIBILITY OF STUDENTS FOR MEMBERSHIP IN LEX:** The student to be inducted must demonstrate "superior academic performance" which is evidenced by an **overall** grade point average of at least **3.25**, plus a grade point average **in their paralegal classes** of at least **3.50**, to make membership in LEX a true and meaningful academic honor within the institution and a recognizable indication of superior academic achievement to members of the legal profession in the geographical area served by the institution.

**Calculation Affirmation - Must be included with every inductee form submitted:** Describe here, or on a separate page, the method used to calculate "two-thirds of the program requirements" for determination of the total number of students eligible for induction, as required under Section V.2) of the LEX Charter, as amended 2/14/2004.

<b>STUDENT NAME as it is to appear on certificate</b> <b>- PRINT NEATLY</b>	<b>GPA Overall</b> <b>(3.25)+</b>	<b>GPA Paralegal</b> <b>Program</b> <b>(3.50)+</b>	<b>Certificate Preference</b>	
			<b>Paralegal</b>	<b>Legal Studies</b>

**Induction Date:** \_\_\_\_\_  
*Required* *Month/Day/Year*

**Requested Date to Receive Materials:** \_\_\_\_\_  
*(Please allow 4 weeks for processing)*

**Program Director Name:** \_\_\_\_\_

**Date Submitted:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

*Must be signed by Program Director*



## Lambda Epsilon Chi (LEX) INVOICE

Ship to: Attn: / Name: \_\_\_\_\_  
 School: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_  
 City, ST, Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Quantity	Description	Unit Price	Total
_____	LEX Certificate and Pin (Induction fee)	\$50.00	\$ _____
_____	LEX Graduation Sash	\$35.00	\$ _____
_____	LEX Banner/Table Runner	\$75.00	\$ _____
_____	LEX Expedited Processing/Shipping <i>(for requests submitted within two weeks of date to receive materials)</i>	\$25.00	\$ _____
	<b>Amount Paid</b>		\$ _____

Please allow for an additional 3–5 days for review of your order form by the LEX National Coordinator, to verify that students have met the eligibility and program requirements for induction into LEX.

Payment details:	
_____ <b>Payment by Check payable to AAFPE</b>	Check #: _____ Amount \$: _____
<p><b>Please note</b> that only school-issued checks will be accepted. Personal checks from students will be returned. Money Orders will be accepted as a form of payment.</p>	
Select Card Type:	<input type="checkbox"/> <b>Amex</b> <input type="checkbox"/> <b>Visa</b> <input type="checkbox"/> <b>MasterCard</b>
Name on Card:	_____ Authorized Amount \$ _____
Signature of card holder:	_____
Card Number :	_____
Exp Date:	_____ CVV Code: _____

**Please mail form and payment to (please note change to suite number as of 4/1/18):**

**AAFPE, 222 S Westmonte Dr Ste 111, Altamonte Springs FL 32714**

Phone: 407-774-7880

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

Email: info@aafpe.org