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.

STUDENT NAME ***as it is to appear on certificate – PRINT NEATLY***	**GPA Overall (3.25)+**	**GPA Paralegal Program (3.50)+**	**Certificate Preference**	
			Paralegal	**Legal Studies**

Induction Date: _____ **Requested Date to Receive Materials:** _____
Required ***Month/Day/Year*** ***(Please allow 4 weeks for processing)***

Program Director Name: _____ **Date Submitted:**_____

Signature: _____ ***Must be signed by Program Director***

Lambda Epsilon Chi (LEX) Inductee Form (pg 2) Date: _____

Name of Chapter (School Name): _____

_____

List Additional Students as Needed

STUDENT NAME ***as it is to appear on certificate – PRINT NEATLY***	**GPA Overall (3.25)+**	**GPA Paralegal Program (3.50)+**	**Certificate Preference**	
			Paralegal	**Legal Studies**

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 *(discounted to $25 / call for availability)*	*$25.00*	$_____
_____	LEX Expedited Processing/Shipping *(for requests submitted within two weeks of date to receive materials)*	$25.00	$_____
	Amount Paid		$_____

Please allow for a 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:

_____ **Payment by Check payable to AAfPE** Check #:_____ Amount $:_____

Please note 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.

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

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

Print Form Submit by Email

LEX Inductee Form 2018-05-01