



DENTON COUNTY PARALEGAL ASSOCIATION  
P. O. BOX 2641  
DENTON, TEXAS 76202

**ACTIVE MEMBERSHIP APPLICATION**

Dues: \$25.00

Name: \_\_\_\_\_ Birth date: \_\_\_\_/\_\_\_\_/XXXX

Home Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Home E-Mail: \_\_\_\_\_ Home Fax: \_\_\_\_\_

Employer: \_\_\_\_\_

Business Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Business E-Mail: \_\_\_\_\_ Business Fax: \_\_\_\_\_

***The Association prefers to make contact with members through e-mail when possible.***

Where do you prefer to receive e-mail notifications:  Home or  Office

If you need notices by mail, where do you prefer to receive notifications:  Home or  Office

What areas of law do you work in? \_\_\_\_\_

What Committee would you be interested in serving on? Membership \_\_ Fund-Raising \_\_ CLE \_\_  
Newsletter \_\_ By-Laws \_\_ Social \_\_

Education:

CLA  CLAS  TBLS  PLS  Other \_\_\_\_\_

If you were referred by a DCPA member please provide the member's name:

\_\_\_\_\_

**APPLICANT ATTESTATION**

I hereby apply for Active membership in DCPA. I hereby attest that upon application, I am

- (i) a resident of Denton County, Texas, or
- (ii) currently employed in Denton County, Texas and
- (iii) have valid proof of completion of a full course of studies prescribed for training as a paralegal or legal assistant at an institutionally accredited college, university or other post-secondary school; or
- (iv) have been previously employed as a paralegal or legal assistant for a minimum of three consecutive years; or
- (v) have been employed as a paralegal or legal assistant for six months immediately preceding application for membership.

I work under the ultimate supervision of a duly licensed attorney at all times, and that I qualify as a member. I hereby state that all information contained in this application is true and correct. I understand that if any information submitted in this application is false, it will be grounds for denial of my application.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

**SUPERVISING ATTORNEY VERIFICATION**

I verify that \_\_\_\_\_ is employed by me and/or my law firm, governmental agency or other entity full time as a paralegal as that term is defined by the Standards adopted by the State Bar of Texas Board of Directors.

\_\_\_\_\_  
Supervising Attorney

\_\_\_\_\_  
Date

**THE DCPA ANNUAL MEMBERSHIP PERIOD IS MARCH 1<sup>ST</sup> THROUGH THE END OF FEBRUARY EACH YEAR.**

**PLEASE MAKE CHECK PAYABLE TO DCPA FOR \$25.00 FOR MEMBERSHIP FEES, AND SEND APPLICATION TO DCPA, P. O. BOX 2641, DENTON, TEXAS 76202.**