



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

ASSOCIATE 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

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 Associate membership in DCPA. I hereby attest that upon application, I (circle all that apply):

- (i) 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
- (ii) have been previously employed as a paralegal or legal assistant for a minimum of three consecutive years; or
- (iii) am currently enrolled and actively participating in a post secondary Paralegal Education Program; or
- (iv) meet the requirements of active membership but choose to be listed as an associate member; and
- (v) am not a resident of Denton County, Texas; or
- (vi) am not currently employed in Denton County, Texas

Applicant Signature

Date

THE DCPA ANNUAL MEMBERSHIP PERIOD IS MARCH 1ST 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.