



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

**FIELD 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 Field Associate membership in DCPA. I hereby attest that upon application, I

- (i) Am currently employed in the legal community, but am not employed as a paralegal or legal assistant and do not meet the requirements for Active membership; and
- (ii) Am interested in participating in the DCPA as a field associate member and pledge to provide support for the Association, its members and the paralegal profession.

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

\_\_\_\_\_  
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.**