



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

SUSTAINING MEMBERSHIP APPLICATION

Dues: \$25.00

Name: _____

Name of Business/Employer: _____

Business Address: _____

City/State/Zip: _____ Business Phone: _____

Business E-Mail: _____ Business Fax: _____

Description of Business: _____

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

If you need notices by mail, please indicate here _____

APPLICANT ATTESTATION

I hereby apply for Sustaining membership in DCPA. I pledge to provide support for DCPA, its members, and the paralegal profession.

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.