



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

2011-12 ACTIVE MEMBERSHIP APPLICATION

Dues: \$25.00

Name: _____ Birth day: ____/____/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: _____

Date of hire at this business: _____

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

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

Where do you prefer to receive first-class mail: Office or Home

What areas of law do you work in? _____

Which 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:

- (i) am a resident of Denton County, Texas, or
- (ii) am 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.
- (vi) work under the ultimate supervision of a duly licensed attorney at all times, and 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 Signature

Date

Supervising Attorney Printed Name

THE DCPA ANNUAL MEMBERSHIP PERIOD IS FEBRUARY 1ST THROUGH THE END OF JANUARY 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.