



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

2011-12 SUSTAINING 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: _____

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

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 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.