



# DENTON COUNTY PARALEGAL ASSOCIATION

P. O. Box 2641

Denton, Texas 76202

[dentoncopa@gmail.com](mailto:dentoncopa@gmail.com)

[www.dentoncountyparalegals.org](http://www.dentoncountyparalegals.org)

## VOTING MEMBERSHIP APPLICATION

*Dues: \$50.00/year*

Name: \_\_\_\_\_ Birthday: \_\_\_\_/\_\_\_\_/XXXX

Home Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Home Phone: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Personal Email: \_\_\_\_\_ Home Fax: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Employer: \_\_\_\_\_

Business Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Business Phone: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Business E-Mail: \_\_\_\_\_ Business Fax: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

*The Association prefers to contact members through email when possible.*

Where do you prefer to receive e-mail notifications: [  ] Business or [  ] Personal

Where do you prefer to receive first-class mail: [  ] Business or [  ] Home

What areas of law do you work in? \_\_\_\_\_

What Committee would you be interested in serving on?

Membership \_\_\_\_ Fund-Raising \_\_\_\_ CLE \_\_\_\_ Marketing \_\_\_\_ Newsletter \_\_\_\_

By-Laws \_\_\_\_ Social \_\_\_\_

Education:

[  ] CLA [  ] CLAS [  ] TBLS [  ] PLS [  ] Other \_\_\_\_\_

If you were referred by a DCPA member please provide the member's name: \_\_\_\_\_

If you were not referred, how did you find out about us? \_\_\_\_\_

**PLEASE MAKE CHECK PAYABLE TO DCPA AND SEND APPLICATION TO:  
DCPA, P. O. BOX 2641, DENTON, TEXAS 76202.**

**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

\_\_\_\_\_  
Supervising Attorney's State Bar Number