

DENTON COUNTY PARALEGAL ASSOCIATION

P. O. Box 2641 Denton, Texas 76202 dentoncopa@gmail.com www.dentoncountyparalegals.org

ASSOCIATE MEMBERSHIP APPLICATION

Dues: \$50.00/year

Name:	Birthday:	_/	_/XXXX
Home Address:			
City/State/Zip:			
Personal Email:	Home Fax:		
Employer:			
Business Address:			
City/State/Zip:	Business Phone:		
Business E-Mail:	Business Fax:		-
The Association prefers to contact members throug	gh email when possible.		
Where do you prefer to receive e-mail notifications:	[] Business or [] Persona	1	
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	g on?		
Membership Fund-Raising CLE M	arketing Newsletter	_	
By-LawsSocial			
Education:			
[] CLA [] CLAS [] TBLS [] PLS [] Other			
If you were referred by a DCPA member please pro	vide the member's name:		
If you were not referred, how did you find out abou	t 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 Associate membership in DCPA. I hereby attest that upon application, I (Circle all that apply):

- i. 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
- ii. have been previously employed as a paralegal or legal assistant for a minimum of three consecutive years; or
- iii. am currently enrolled and actively participating in a post secondary Paralegal Education Program; or
- iv. meet the requirements of active membership but choose to be listed as an associate member; and
- v. am not a resident of Denton County, Texas; or
- vi. am not currently employed in Denton County, Texas.

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Applicant Signature				Date	