



DENTON COUNTY PARALEGAL ASSOCIATION

P. O. Box 2641

Denton, Texas 76202

dentoncopa@gmail.com

www.dentoncountyparalegals.org

PROFESSIONAL COLLEAGUE 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? _____

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 Professional Colleague membership in DCPA. I hereby attest that upon application, I:

- i. Am currently employed in the legal community, but am not employed as a paralegal or legal assistant and do not meet the requirements for a Voting membership; and
- ii. Am interested in participating in the DCPA Professional Colleague membership and pledge to provide support to the Association, its members, and the paralegal profession.

Applicant Signature

Date