

## DENTON COUNTY PARALEGAL ASSOCIATION

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

## **BUSINESS MEMBERSHIP APPLICATION**

Dues: \$60.00/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:		<del>-</del>
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 sustaining membership in DCPA. I pledge to provide support for DCPA, its members, and the paralegal profession.		
Applicant Signature	Date	