



DENTON COUNTY PARALEGAL ASSOCIATION

P. O. Box 2641

Denton, Texas 76202

dentoncopa@gmail.com

www.dentoncountyparalegals.org

EMERITUS MEMBERSHIP APPLICATION

Dues: \$50.00/year

Name: _____ Birthday: ____/____/XXXX

Home Address: _____

City/State/Zip: _____ Home Phone: ____ - ____ - ____

Personal Email: _____ Home Fax: ____ - ____ - ____

What Committee would you be interested in serving on?

Membership ____ Fund-Raising ____ CLE ____ Marketing ____ Newsletter ____

By-Laws ____ Social ____

Education:

CLA CLAS TBLS PLS Other _____

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

APPLICANT ATTESTATION

I hereby apply for Emeritus membership in DCPA. I hereby attest that upon application, I am a current active member of the Association who: (Circle all that apply):

- i. Is no longer employed as a paralegal or who has retired from the profession; or
- ii. Moved out of state;
- iii. Taken a leave of absence;
- iv. Begun work in another profession;

Applicant Signature

Date