



DENTON COUNTY PARALEGAL ASSOCIATION

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SUPERVISING ATTORNEY VERIFICATION
FOR RENEWALS AND VOTING MEMEBERSHIP

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

When renewing online, membership renewal is not completed until supervising attorneys' verification form is received.

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