



COUNTY PARALEGAL ASSOCIATION
P. O. BOX 2641
DENTON, TEXAS 76202

ASSOCIATE MEMBERSHIP APPLICATION

Dues: \$40.00

Name: _____ Birthday: ____/____/XXXX

Home Address: _____

City/State/Zip: _____ Home Phone: _____

Home E-Mail: _____ Home Fax: _____

Employer: _____

Business Address: _____

City/State/Zip: _____ Business Phone: _____

Business E-Mail: _____ Business Fax: _____

The Association prefers to make contact with members through e-mail when possible.

Where do you prefer to receive e-mail notifications: Office or Home

Where do you prefer to receive first-class mail: Office or Home

What areas of law do you work in? _____

What Committee would you be interested in serving on? Membership ___ Fund-Raising ___
CLE ___ Newsletter ___ By-Laws ___ Social ___

Education:

CLA CLAS TBLS PLS Other _____

If you were referred by a DCPA member please provide the member's name: _____

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.

Applicant Signature

Date

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