



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

## EMERITUS MEMBERSHIP APPLICATION

Dues: \$40.00

Name: \_\_\_\_\_ Birthday: \_\_\_\_/\_\_\_\_/XXXX

Home Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Home E-Mail: \_\_\_\_\_ Home Fax: \_\_\_\_\_

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

Education:

CLA  CLAS  TBLS  PLS  Other \_\_\_\_\_

### 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 and who has retired from the profession; or
- (ii) moved out of state; or
- (iii) taken a leave of absence; or
- (iv) begun work in another profession.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

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