



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

2017-18 ACTIVE MEMBER APPLICATION

Dues: \$35.00

Name: _____ Birthday: ____/____/XXXX

Home Address: _____

City/State/Zip: _____ Home Phone: _____

Home Email: _____ Home Fax: _____

Employer: _____

Business Address: _____

City/State/Zip: _____ Business Phone: _____

Business Email: _____ Business Fax: _____

Date of hire at this business: _____

If less than six months of substantive legal work at this business, please indicate other paralegal experience: _____

Where do you prefer to receive email notifications: Office or Home

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

What areas of law do you work in? _____

Which committee are you interested in serving on? Membership __ Fundraising __ CLE __
Newsletter __ By-Laws __ Social __ Directory __ Scholarship __

Education:

CLA CLAS TBLs PLS Other _____

T-shirt size: Med. Lg. XL 2XL

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

APPLICANT ATTESTATION

I hereby apply for Active membership in DCPA. I hereby attest that upon application, I:

- (i) am a resident of Denton County, Texas, or
- (ii) am currently employed in Denton County, Texas and
- (iii) 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
- (iv) have been previously employed as a paralegal or legal assistant for a minimum of three consecutive years; or
- (v) have been employed as a paralegal or legal assistant for six months immediately preceding application for membership.
- (vi) work under the ultimate supervision of a duly licensed attorney at all times, and I qualify as a member.

I hereby state that all information contained in this application is true and correct. I understand that if any information submitted in this application is false, it will be grounds for denial of my application.

Applicant Signature

Date

SUPERVISING ATTORNEY VERIFICATION

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

THE DCPA ANNUAL MEMBERSHIP PERIOD IS FEBRUARY 1ST THROUGH THE END OF JANUARY THE FOLLOWING YEAR.

PLEASE MAKE CHECK PAYABLE TO DCPA FOR \$35.00 FOR MEMBERSHIP FEES, AND SEND APPLICATION TO DCPA, P. O. BOX 2641, DENTON, TEXAS 76202.