



DENTONCOPA@GMAIL.COM  
DENTON COUNTY PARALEGAL ASSOCIATION  
P. O. BOX 2641  
DENTON, TEXAS 76202

## 2017-18 ACTIVE MEMBERS

### 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 1<sup>ST</sup> 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.**