



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

## 2017-18 FIELD ASSOCIATE 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: \_\_\_\_\_

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 Field Associate membership in DCPA. I hereby attest that upon application, I:

- (i) Am currently employed in the legal community, but am not employed as a paralegal or legal assistant and do not meet the requirements for Active membership; and
- (ii) Am interested in participating in the DCPA as a field associate member and pledge to provide support for the Association, its members and the paralegal profession.

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

\_\_\_\_\_  
Date

**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.**